

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### SOME INTERESTING STATISTICS FROM THE BUREAU OF EDUCATION

THE United States Bureau of Education at Washington has given more attention to the subject of training-schools for nurses in the report published in 1904 than it has ever done before.

This report can now be had in pamphlet form, and contains much of interest to the profession. The New York statute is quoted in full and an outline of the registration laws in the other four States given.

In 1903, thirteen thousand seven hundred and seventy-nine pupils were receiving instruction in five hundred and fifty-two training-schools, an increase of five hundred and twenty-seven pupils over the year before. Four thousand two hundred and six completed the course.

The remarkable development of nursing is shown in the following figures: In 1880 there were three hundred and twenty-three pupils in training; in 1890, fifteen hundred and fifty-two; in 1900, eleven thousand one hundred and sixty-four, and in 1903, thirteen thousand seven hundred and seventy-nine.

The report states that three years are now required in more than half the schools not connected with the hospitals for the insane.

New York is shown to be the greatest nursing centre, with eighty-four schools graduating eight hundred and thirty-four pupils in 1903; Pennsylvania comes next, with sixty-seven schools and four hundred and eighty-six graduates; then Massachusetts, with forty-five schools and three hundred and ninety-seven graduates. There is a wealth of interesting information in the report to those who are working for the uplifting of nursing standards.

*Page  
9 +  
pupils*

These figures are especially interesting at this time, showing, as they do, the rapid increase in the numbers that are being turned into our ranks each year. In 1905 we may expect to see a record of five thousand new members added to the nursing profession.

Naturally the question arises, How well equipped are these women for the sacred duties of the sickroom? How many of the five hundred and fifty-two training-schools possess the facilities and experience for the thorough practical and theoretical education of their pupils?

The movement for the State registration of nurses and training-schools has commenced none too soon; it must be urged forward steadily by a strong effort, all nurses and all States uniting.

That such registration will become universal is as sure as that it has already commenced in five States. The difficulty is to hold the interest of the great rank and file during the long, tedious process of securing legal enactments, and in teaching them that even after laws are passed results must come slowly.

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#### SOME UNPLEASANT TRUTHS

IN Samuel Hopkins Adams's article in the January *McClure*, entitled "Tuberculosis: The Real Race Suicide," there has been a laying bare of unpleasant truths such as we have not had in a great while. Mr. Adams shows that in many cities church associations, philanthropists, and people of note are the owners of many of the tenement houses where human beings die constantly because of the horribly unhygienic conditions of the buildings. He shows, further, that while on the one hand the great war for the extermination of tuberculosis is being led by one set of medical men, it is being defeated by the active political opposition of another set of medical men who are in many cities strong enough in numbers and influence to control the situation. The prime movers and the chief obstructors are members of one and the same profession.

The *National Hospital Record*, commenting editorially on the question of State registration for nurses, speaks harshly of those members of the nursing profession who are the obstructors in nursing reforms. The comment reads:

"And a man's foes shall be of his own household." The Great Teacher never gave expression to a truth more profound. If anyone needs an illustration of this truth he will find it strikingly exemplified in the ranks of doctors and nurses. The greatest enemies the medical profession has are doctors. The greatest enemies nurses have are nurses. The great stumbling-block to nursing legislation to-day is division in

the ranks. This division can in a good many instances be traced to the habit of harsh, unkindly, open criticism of the rank and file on the part of some who pose as leaders in the campaign of legislation. A few nurses with unbridled tongues, and a zeal that is not according to knowledge, can effectually kill any enthusiasm that may have been created in favor of nursing legislation. Given graduates of a dozen different schools in a small or moderate-sized city, with a few of these critical, untactful, and aggressive spirits trying to take the lead, and it is next to impossible to get nurses to agree on anything. It is next to impossible to get enough of them together to constitute a quorum to do business. It certainly is not conducive to enthusiasm to use precious time at a called meeting in mere gossip about what this nurse, that nurse, and the other one did or did not do or say, and busy, sensible, practical people will not waste time in attending more than one or two such meetings. The nurses are few and far between who do not desire nursing legislation, but unless some nurses die or get married, legislation is a long way off in some States of the Union."

Nurses know only too well the type of men referred to by Mr. Adams and the editor of the *Record*. They are the mercenary, unethical politicians who in every community for years have been a drag upon the upward movement in medicine by putting forward their own selfish and commercial schemes instead of working for the public welfare and the broader development of the medical profession.

This same class of men are also the stumbling-blocks in nursing progress. They are the financial proprietors of all kinds of questionable nursing schools. Of a little higher grade, they nag and interfere with the training of nurses in the hospitals with which they are connected, and no detail of domestic management of the training-school is too petty for their consideration. Being usually of the type that has failed to achieve reputation in medicine, this class satisfy their craving for homage and leadership by posing as benefactors, and through the influence of the cap and apron of the nurse they obtain a weak kind of notoriety.

It is from an entirely different type of men that nursing has received cordial and helpful coöperation from the very first. Men of the manly and vigorous type, successful in their own profession, ready to aid by teaching and advising, but always encouraging nurses to work out their own salvation independently, and in the great movement of State registration giving organized and individual support to the efforts of the nurses; and for these men nurses feel the deepest respect and gratitude. These men are the leaders in all public reforms, and they are the advance-guard in medical education and medical progress.

But there is equal truth in what the *Record* says about division in

the ranks among nurses; the kind of intolerance referred to is to be found, we fear, in greater or less degree in every nursing organization, and it tends to kill the efforts of those naturally timid, who, but for the sharp tongues of some of their associates, would do telling work in the interest of the great upward movement.

While the *Record's* condemnation is most distasteful and humiliating, we have to admit that it is just.

Fortunately, there are enough women with courage to ignore criticism to keep nursing progress, like medical progress, advancing. Those who really achieve anything must do it in the face of opposition. Chronic objectors are found in all walks of life and in every community.

It is comparatively easy, and requires no special ability, to tear down; it is exceedingly difficult, and requires both strength and knowledge, to construct.

We once heard a public man say, "Show me a person who has never been criticised, and I will show you a nobody," and it is a truth that nurses will do well to consider.

These stumbling-blocks in the nursing ranks are not the workers; they are frequently women of education, but have education without character. They cannot get away from the narrow, personal point of view to take a broad, unselfish outlook on any subject. They belong to the class known as chronic objectors, and they are bringing opprobrium upon the entire nursing body.

There should be some method of discipline devised for their reformation, that before it is too late the nursing profession may avoid the errors of the great medical body and profit by criticism such as we have cited. Things that are wrong must be resisted in the face of opposition and criticism.

It has become the acknowledged right of the medical profession to control the standards of education in the medical colleges. It is the acknowledged business of the clergy to safeguard the affairs of the Church; it is clearly within the province of the great nursing body to so control the education of nurses that women of moral and professional fitness only shall join their ranks and be privileged to go into the homes of the people in time of sickness.

This work has commenced; nurses are upbuilding themselves; the movement is world-wide; it may be hindered and obstructed, but it cannot be stopped.

Until the entire burden of the education of nurses rests upon the shoulders of nurses there can be but small improvement in the existing chaotic conditions.

Welcome all honest coöperation from every source, but resist leader-



ship and dictation of every kind that is outside of the great nursing body. Remember that the leaders are only as strong as their backers, and let us not lose time by petty differences.

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#### AN INTERESTING SITUATION IN MASSACHUSETTS

IN no State where registration is under consideration are the problems so difficult of solution and almost ludicrous as in Massachusetts. During the month developments have been interesting. We explained in the January number something of Dr. Alfred Worcester's position in regard to State registration.

In the August, 1902, issue of the JOURNAL we published an address delivered by Dr. Alfred Worcester to the nurses of the Long Island Hospital of Boston, entitled "Is Nursing Really a Profession?"

One gathers the impression from this paper that Dr. Worcester is cordially in favor of nurses managing their own affairs. On page 911 we find the following:

"In recognition of the invaluable assistance given by the sister profession, the busiest physicians and surgeons give unsparing every possible aid in the instruction of student nurses. It is true they look forward with hopeful anticipation to the time when they shall be relieved of much of this work by nurses who, having mastered both the science and the art of nursing, shall undertake all the teaching of their successors.

"This thought leads me to point out that one of the obstacles to the recognition of nursing as a profession is this temporary dependence upon the medical profession for teaching in schools for nurses. But already it is plain that only the comparatively unimportant science can be taught by physicians, and that the art of nursing can be taught only by nurses. And now that highly educated women are entering the profession, we shall surely soon have nurses who are at least equally able to teach the science upon which the art of nursing depends.

"So much for the teaching test.

"Another closely allied characteristic of a true profession is the sharing with all associates every professional advantage. The lawyer, the clergyman, and the physician delight in giving brotherly help to their fellows. They have associations and meetings for sharing their discoveries and regulating their professions.

"Can modern nurses stand this professional test? I wish I could answer more positively in the affirmative. There are many hopeful signs. Associations of nurses are forming, nursing journals are at last under the control of nurses, books upon nursing by nurses are increasing, more interest is being shown by nurses in the regulation of their profession. But it must be admitted that progress in this direction has been provokingly slow. The modern nurses too often have followed their predecessors in unprofessional ways. They have not helped each other;

they have not given cordial support to the nursing associations and journals that are struggling to advance the profession. They have even allowed themselves to be sent out to service by registries controlled not by nurses and conducted not by nurses' interests, but for the pecuniary gain of others. In these registries were filed away criticisms of the nurses, perhaps containing reflections upon their characters, which the nurses themselves might never see, but which, nevertheless, determined their careers. So long as nurses meekly submit to such servant intelligence-office treatment it will be difficult to maintain that they appreciate their professional privileges and obligations. However, in all those ways wherein modern nurses have failed to assume full professional responsibilities there is improvement already visible; and, after all, it must not be forgotten that there has as yet been very little time for the metamorphosis of nursing.

"We who belong to a profession centuries old may well be slow to criticise a profession that has not yet outlived its founders."

This address was given several years ago, before the nurses of Massachusetts had organized for the first great step towards making "nursing really a profession." One naturally expected to find Dr. Worcester a leading figure in this movement, aiding by his political, professional, and social influence the effort of the nurses of his State to realize some of the ideals that he had advocated.

But no! During the campaign last winter he sat so skilfully "on the fence" that no one knew exactly where to find him. This year he was invited to speak at the State meeting on January 12. He evaded this invitation. Then he was asked to fix his own date when the nurses might hear his views on State registration. This really was a cruel move on the part of the State association committee, as it forced him to openly acknowledge that he was opposed to the State registration of both *physicians* and nurses.

Dr. Worcester, with some kindred spirits, has sent the following circular letter to the medical superintendents of the hospitals of New England and others. This letter is dated December, 1904, and reads as follows:

"It is proposed to form an association of all who are interested and actively engaged in advancing the profession of nursing; and it is desired to secure the coöperation of every training-school for nurses in New England.

"In no sense is it proposed to antagonize or to supplant existing associations of graduate nurses and of training-school superintendents, but rather to supplement their laudable efforts for the advancement of their profession by enlisting for this purpose the medical and lay instructors, the managers and trustees, and all other benefactors of nurses' training-schools.

"It is confidently expected that such an association will bring about more uniform methods of training, higher standards of education, more effective coöperation between the medical and the nursing professions, and, finally, more serviceable relations between nurses and such institutions and families as need their services.

"It is hoped that in such an association it will be possible to arrange for the interchange of courses of instruction for student nurses, for their broader education, and also advanced courses in the specialities of nursing.

"It is also hoped that some central Examining Board may be devised which shall, by giving graded certificates, guarantee the fitness of nurses, who are recommended by their schools, in the different departments of nursing. In connection with this service, such an Examining Board might also assist training-schools to provide such instruction as will fit their students for the association's endorsement.

"Such work as proposed has been of great service in Holland during the past thirty years. It is further hoped that a weekly nursing journal may be established, under the auspices of the association, which shall contain lectures upon nursing subjects as well as the locally interesting nursing news.

"And perhaps it may also be hoped that the association will maintain a New England registry of nurses, which shall serve to unite existing registries, and to help all nurses who hold the association's certificates to find employment wherever they may be living as well as in the immediate neighborhood of the schools where they were trained.

"It is proposed to hold a conference in Boston early in the coming year for the consideration of these purposes, and for the organization of the association.

"If the idea meets with your approval, and if you would like to help in such a movement, will you kindly so notify anyone of the undersigned provisional committee.

"L. M. PALMER, M.D., Chairman,

"O. W. COLLINS, M.D.,

"F. W. PATCH, M.D.,

"MISS ANNABEL STEWART,

"MISS L. MAUD ELLIOT,

"Of the Framingham Training-School.

"A. WORCESTER, M.D.,

"H. A. WOOD, M.D.,

"MISS BEATRICE DE VEBER,

"MISS HELEN E. BUTTINGER,

"MISS NELLIE L. DANIELS,

"Of the Waltham Training-School for Nurses.

"MISS EMMA A. ANDERSON, Secretary,

"New England Baptist Hospital, Parker Hill Avenue, Boston."

While this circular is very skilfully worded, no one of the initiated can fail to see that it is an effort for organized opposition to State registration. And why? Because, as we stated last month, the graduates of

the Waltham Training-School, of which Dr. Worcester is the proprietor, are excluded from membership in the Massachusetts State Nurses' Association and in all the national nursing organizations of the country because of the limited training in a hospital, and the Framingham school belongs in the same class.

This circular states in one place that the new association is not intended to "supplant the existing associations of graduate nurses and of training-school superintendents, but to supplement their laudable efforts for the advancement of their profession by enlisting for this purpose the medical and lay instructors, the managers and trustees, and all other benefactors of nurses' training-schools." It would have been more in accord with our idea of modesty if Dr. Worcester had waited until the "graduates and superintendents" asked him to intercede for them.

Farther on it proposes to establish a central Examining Board which shall give graded certificates, etc.

What need of such an Examining Board when the "existing" State associations of nurses of New England shall through their "laudable" effort have secured the State registration of trained nurses, with a Board of Nurse Examiners in each State, who shall be legally authorized to determine the "fitness" of nurses?

In the reference to nursing conditions in Holland, one is inclined to believe that it is intended by Dr. Worcester and his confreres to introduce into New England the Old World custom of the absolute control of the graduates by the hospitals that amounts to a condition almost of slavery, and against which is slowly developing revolt for personal liberty among nurses in Great Britain, Denmark, Holland, and Germany. Miss Dock's report on the Dutch Nursing Association in this issue certainly does not convey the idea that conditions in Holland have reached a high state of perfection under the thirty-years' rule that is referred to in the circular.

There is only one interpretation to put upon this remarkable proposition. It is an effort to defeat the registration movement in Massachusetts, led principally by the proprietors and graduates of disqualified nursing schools.

If the nurses of Massachusetts and all the States of New England can be depended upon to stand solidly together as a unit in opposition to this self-appointed Czar of the nursing profession, he cannot succeed in his efforts for their "upbuilding," but if they are timid or if there are traitors in the ranks, which we already have reason to believe there are, it may take years to overcome the mischief that he may do.

Miss Anderson, the secretary of the committee which has issued the call for a meeting for the organization of the new association, is a grad-

uate of the Training-School of the Massachusetts General Hospital, and she was at one time the secretary of the Alumnae Association. She is the superintendent of a small hospital the graduates of which are disqualified from membership in the Massachusetts State Nurses' Association—for one reason, that the school uses its pupils as a means of earning money for the hospital. Instead of joining forces with the nurses of her State in an effort to control this abuse, we find her in the ranks of the obstructors.

Dr. Howard, superintendent of the Massachusetts General Hospital, and Miss Dolliver, superintendent of the Training-School, have declined to endorse this movement.

Miss M. M. Riddle, superintendent of the Newton Hospital and president of the Nurses' Associated Alumnae of the United States, has refused to have any part in the new association, and we cannot believe that either nurses or doctors who possess the true professional spirit will take any part in an organization so opposed to State registration.

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#### PROGRESS OF STATE REGISTRATION

DURING the past month we have seen copies of the bills for registration prepared by the California, Colorado, Indiana, Pennsylvania, Connecticut, Massachusetts, and District of Columbia Nurses' Associations. A number are already in the hands of the legislators and all that become laws will be published in full in these pages at the end of the season.

The standards of some of these bills are exceptionally fine. All ask for a Nurse Board of Examiners to be appointed from nominations from the State associations. In California and Colorado a High-School diploma or its equivalent with three-years' general hospital training is required.

California and Pennsylvania have the support of the State Medical Associations and leading medical journals. Connecticut will undoubtedly have such endorsement, as the leading medical men are in sympathy with the movement. Conditions seem to be in a measure doubtful in Massachusetts, Indiana, and the District of Columbia, owing to the conservative medical attitude in nursing affairs in these places.

The next three months will be most exciting in all States where legislation is in progress, and in just the proportion that nurses are active and united good results must follow.

In legislation the support from the small cities and towns counts for more than the activity in big cities. Every doctor, every legislator.

needs to be informed in his home district what State registration is for, and nurses are the only people who can give this information effectively. The public press can be made a powerful factor. There is work for every nurse in this winter's campaign. The more discouraging the obstacles, the greater the victory.

West Virginia has organized a State association, with Mrs. H. C. Lounsbury as president and Mrs. M. J. Steele as secretary. West Virginia nurses in drafting a bill will follow the lines of the Maryland statute.

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#### THE GUILD OF ST. BARNABAS AND THE "NEWS LETTER"

THE new series of the *News Letter*, the official organ of the Guild of St. Barnabas, put out its first number in December, but we did not receive a copy in time for mention in January. It will be remembered by many of our readers that after publishing the *News Letter* for many years there came a time when the guild was obliged to discontinue it on account of expense and other reasons. THE AMERICAN JOURNAL OF NURSING offered the guild three pages of space free of charge and for a number of years the official reports and announcements were made through our JOURNAL. Then there came a time when this JOURNAL needed all its pages for other purposes and was obliged to withdraw its privilege of space to the guild, and now that association is again publishing the *News Letter* under new conditions. The first number is exceedingly attractive, including a portrait of Bishop Whitehead and a cut of Bishop Brent.

We hope the nurses who are members of the guild will give their cordial support to their official organ, and we wish the *News Letter* long success.

The following letter from the general secretary of the guild was omitted from an earlier issue through an error on the part of the Editor:

"ORANGE, N. J., November 11, 1904.

"Miss Isabel McIssac.

"DEAR MADAM: At the annual council of the Guild of St. Barnabas for Nurses recently held at Boston, the letter from you for THE AMERICAN JOURNAL OF NURSING, withdrawing the privilege of using space in the JOURNAL for the guild news, was formally presented. The council directs me to express the thanks of the guild for the favor which has been enjoyed and their regret that it has been found inexpedient to renew the same.

"Trusting that the JOURNAL will have continued and increasing success, I am very respectfully yours,

"ANNA H. B. HOWE, General Secretary."



## BELLEVUE HOSPITAL, PAST AND PRESENT

By GEORGINA POPE, R. R. C.  
Graduate Bellevue Training-School

(Concluded from page 33)

To New York's many designations I think one might add "The City of Hospitals." Amidst her cosmopolitan population we find each nation that is largely represented supporting a hospital; while among the various creeds numerous philanthropists have spent fortunes in building and equipping beautiful hospitals, infirmaries, etc., until the city is rich in these works of mercy.

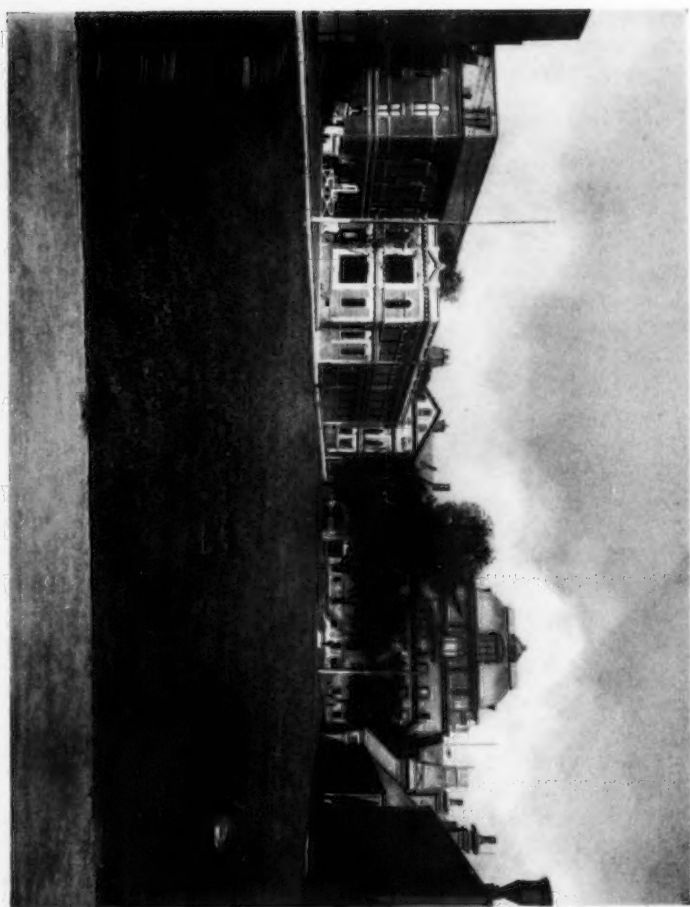
I remember well the *furor* the Sloan Maternity created. Then the Presbyterian Hospital opened and was cited as being the most modern of all hospitals—its operating-room being the special admiration of surgeons. Then the old St. Luke's was superseded by the present beautiful white structure from whose charming site one views the waters of the lovely Hudson River. After this came Mr. Morgan's generous gift to the city—the very splendid "Lying-in Hospital of the City of New York," with its beautiful entrance gates of wrought iron, on either side of which is a white marble relief of the sacred Bambino. Lastly the stately dome of the New Mount Sinai has cast its shadow over the lovely meadows of Central Park, and causes one to pause and wonder at the perfection that has been attained in facilities for caring for the sick and wounded.

From these modern wonders let us turn and see how time has dealt with the mother of hospitals and training-schools—the dear old gray pile we call Bellevue, whose gates are always open to every ambulance and whose nine hundred beds are often supplemented with cots to afford shelter to the sick and needy. Other hospitals pick and choose, Bellevue receives all! Other hospitals have pay rooms and wards, Bellevue gives all for nothing! She is a refuge for all the afflictions that flesh is heir to; and varied, indeed, are the experiences to be obtained here. As one enters the gates on a summer's day the site is very attractive, with its lovely water front, well-kept grounds, and fine modern pavilions scattered about. An old graduate may be forgiven for thinking, "Well, after all, there is nothing quite so interesting in the hospital line in this country as old Bellevue." In making a first visit one is invited to pause in front of the high steps and read an inscription which tells that the iron rail above was the one against which General Washington leaned to give his inaugural address. From this historic approach we ascend and enter the

hall, and are at once attracted to several handsome mural tablets erected to the honored memory of dead physicians and surgeons. On one side is an enormous bulletin-board containing the names of the present medical and surgical staff, the large number of which reminds one of the amount of work done here; there is also a smaller board giving the daily census of patients. From this hall we may take the elevator to the sixth floor and visit the great amphitheatre, where five hundred students can be seated to witness operations, attend medical clinics, etc. The facilities for operating here and in the Crane room adjoining—built by Mrs. Mills in memory of her father, a prominent surgeon—are very fine. A graduate nurse is in charge. One gazes in admiration at the marvellous technique of a modern operation and the splendid carrying out of the doctrine of asepsis, and wonders how the most obtrusive or pertinacious of germs would have the audacity to live after such trials by fire and water. And, further, the writer is guilty of the heresy of allowing her thoughts to wander back to a field hospital on the far-off veldt of South Africa, where, when there has been a great scarcity of water, she has seen a fresh convoy of wounded arrive and case after case dressed from the same solution of carbolic with perfect results. Coming to the conclusion that it must be the protection of that same Providence who watches over drunken men and children, she conquers this septic distraction bearing the germ of treason and comes back to the aseptic present. And then we pass on to see the Crane room, which is also constantly in use for operations, having seats for section classes of students; from here we enter the sterilizing-room, whose great sterilizers supply the needs of the hospital; out of this is another room marked "*Sterile*," and if you are wearing a wash dress you are allowed to enter. This room contains several glass cupboards, some filled with the most daintily arranged supplies of dressings ready to be sterilized, while others have many odd-shaped, labelled bundles of pads, dressings, etc., which have had their first siege and will get another immediately before use. The very air of this inner room impresses one and you feel inclined to speak in whispers.

This floor also contains the X-ray room and the museum, where many interesting pathological specimens are to be seen.

The fifth floor is given up to bedrooms of doctors, employés, etc.; but we stop on the fourth, third, and second to visit on the one side surgical and on the other medical and gynæcological wards. The women's and children's wards are at the extreme ends of this great building, the nurseries having large windows looking out on the water, which gives the little people the never-ending pleasure of watching the varied craft that unceasingly ply up and down this ever-busy river. Each of these surgical wards has a well-equipped operating-room of its own, where minor opera-



BELLEVUE HOSPITAL FROM THE WATER-FRONT



tions are performed and where the cases are dressed each day. From these well-kept and fascinating places we pass on through innumerable male surgical and medical wards to the extreme other side of the hospital, where are the women's medical and gynæcological departments. From Ward 23 we pass over a little bridge to the annex, built and equipped for Dr. William M. Polk by a patient as a thank-offering and containing six ideal rooms for fresh operative cases, a private kitchen, a good cook, and, most important of all, a perfectly appointed operating-room, having a head nurse with a record of deadly enmity to germs.

From here we go downstairs to 29 and over another bridge to the Townsend cottage, built for Dr. Gill Wylie's patients by Mrs. Townsend. Again the writer has a distraction, and her thoughts go back to the days when she was in training and was present at the laying of the corner-stones by the Right Reverend Bishop Potter of this and the Episcopal chapel and library—all the munificent gift of the gracious lady who has since passed to her rest. The original Townsend cottage contained four charming rooms for fresh operative cases fitted up with open fireplaces, making them very attractive and cosy in winter; to this has recently been added by Mr. Townsend a fine operating-room. The little chapel of "Christ the Consoler," which is very attractive, is open for service daily, the Episcopal chaplain being resident in the hospital, while the library, well stocked with books, magazines, and papers and open from nine until five, is a boon to convalescent patients.

Passing through more wards into the main hall, we cross it to the south side of the hospital, to 5, and after going over another tiny bridge find ourselves in the lovely little chapel of the Blessed Sacrament, built by the Countess Leary in memory of her brother. As one looks at this gem of a chapel one feels what a happiness it must be to be able to give such a monument to the glory of God and the memory of a loved one. Besides the beautiful high altar there are two side ones with lovely statues of Our Lady and St. Joseph—all of these in pure white marble; then a beautiful window over the high altar represents most appropriately Our Divine Lord healing the sick, while with charming taste for this cosmopolitan hospital all the side windows, which are of stained glass and eight or ten in number, represent the patron saints of different countries and have the national arms at the top. Here mass is offered every Sunday morning and rosary and benediction given twice a week. It is a touching sight to watch the invalid-chairs roll in and mark the oftentimes pinched and sad expressions of their occupants, the maimed and stricken old men, women, and little children who have come to assist at the Holy Sacrifice and be blessed body and soul in the silent Presence of Our Lord. From this scene one instinctively gazes up at the picture

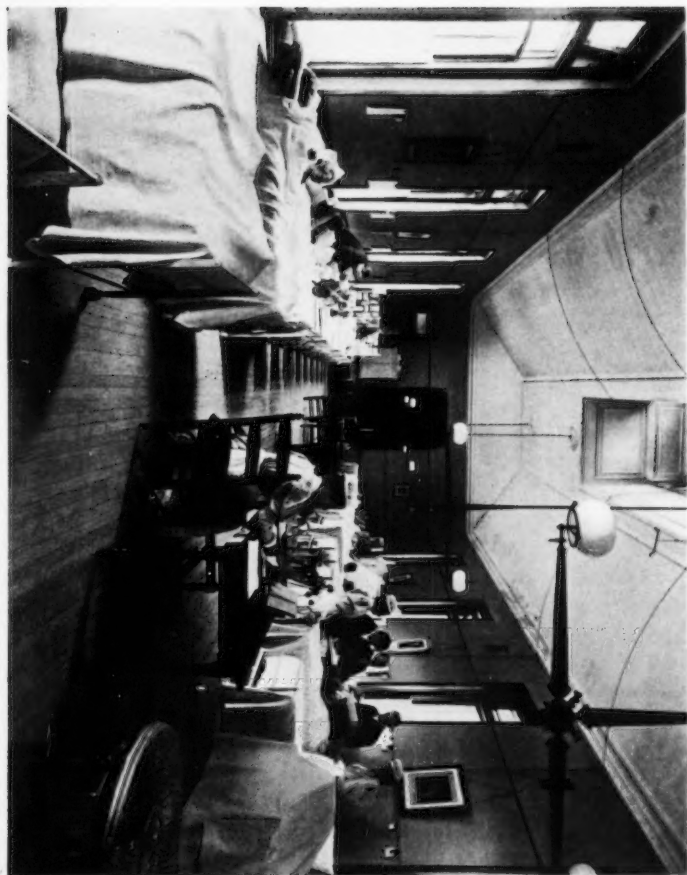
of the sick and afflicted being healed of their ills and enjoying the happiness of His visible Presence, and breathes a prayer that after this weary life is o'er they too may enjoy the same Beatitude. The Carmelite Fathers are the Catholic chaplains of the hospital and are available any hour of the day or night to minister to the sick and dying.

Coming through the main hall again we may descend the steps and visit some of the many pavilions: first there is the Marquand, a large, handsome ward of thirty beds used for medical cases of women and children. To enter this we first pass through the solarium, which until recently held twenty-five tiny cribs for sick infants in the winter months. During the past summer the babies improved so much in their tent home by the water that it was decided to heat it with steam and otherwise render it suitable for winter quarters also. It is quite a fascinating spot to visit during or just after feeding time, when the majority of this generally full house are most amiable. Babies of all nationalities and colors are to be found here, from babies weighing little more than a pound, who have oil inunctions, are fed by medicine-droppers, and are kept wrapped in wool surrounded by hot-water bottles, which method is preferred to incubators, to bonnie, healthy little ones who are only waiting to be claimed or adopted.

Still nearer the water is the tuberculous tent, where wonders have been wrought among the patients during the past summer. Then there are the erysipelas, psychopathic, and alcoholic pavilions. As one visits the latter, both male and female, and sees the almost more than necessary care that is given to the wretched inmates, many of whom have been admitted over and over again, one wonders how even those most anxious to supply the modern demand for sensational newspaper stories would dare tell the garbled tales they do of these places—perhaps oftentimes gleaned from one who has been saved from self-destruction by the watchful care of the nurse abused.

Leaving these unfortunates, we pass on by the doctors' tennis court and take the private *entré* into the out-patient department, which between the hours of nine and five is open to assuage the ills of the out-door poor. This dispensary service is free, as is also the medicine, even the bottles being furnished the first time. The different clinics are held in separate rooms, some patients holding cards for three and four specialists. Each person on being admitted receives a card with injunctions not to lose it, but to bring it and their medicine-bottles next time they come. They are also given a history paper bearing their name and address to be handed to the doctor, and a ticket with a number on it, going into the room by numbers as they come. The cards of admission are of different colors, representing the college of the doctor; printed on them are the day and





MARQUAND PAVILION, BELLEVUE HOSPITAL



hour to come, the number of the room, doctor's name, etc.; to this are added their name and address. As early as eight A.M. they begin to gather round the public entrance, but are not admitted until nine, so that when the doors are opened a motley throng indeed rushes in, each one intent on getting number one call-ticket. The effort to keep them in line is oftentimes attended with meagre success. Card holders take precedence, except for emergency cases, and then the registrar's daily trials begin. Many have lost their cards, they forget the color, the doctor's name, the hour they were to come, the day they came last, etc., but they generally remember the room they were in and have a fixed purpose to get in there again as soon as possible, adding with delightful condescension that "they sha'n't mind allowing another doctor to attend them." Many and varied are the experiences here; strange, humorous, and pathetic are the tales one listens to; marvellous are the accidents that cause the loss of cards and prevent the arrival of the patient at the correct time, etc. Men's missing cards are generally in another coat pocket! Women, having no such conveniences, have "lost theirs in the moving, or the baby has torn or eaten it." Irishmen generally lose coat pocket, book, and card, and draw on one's feeling with witty remarks given in such a delightful brogue that it seems easy to write them another, even though it takes some minutes and much conversation to find out just to whose clinic they may belong. A large percentage of the patients are foreigners—a few French, many Germans, Italians, Russians, Slavs, Hungarians, Greeks, Armenians, Swedes, Hebrews, etc. They are not often accompanied by an interpreter, but strike the afflicted part, gesticulate wildly, and give one an oration in an unknown tongue. When, after seemingly impossible difficulties, the card and history for these are made out and they are escorted to the proper clinic for their ills one sighs deeply, knowing full well from past sad experience that they will likely come back next time on the wrong day and hour with the simple comment in English, "Me lose," as they point to the cards on the table. The Italian contingents are generally amusing. If the patient be a man, his wife and intimate friends accompany him; if a child, the whole family come. Their general good-humor, sympathy with one another, and natural courtesy make them very easy to deal with, while they never fail to call out "good-by" as they pass out. But the children are the greatest diversion one has here; many are brought by their parents in their best frocks, looking very clean and tidy, others come with district nurses, while a large number wander in by themselves, dirty, unkempt little street urchins; sometimes an excited army of small boys will arrive with one who has trodden on broken glass or a rusty nail or had a dog bite, etc. The honor of being the centre of attraction generally makes a real hero of

the patient, who bears the affliction and subsequent treatment with great fortitude, while his body-guard stand round in admiration and enjoyment. Strange to say, these gamins seldom lose their cards; oftentimes on the second visit the card is mutilated and very dirty, and is pulled out from a collection of string, marbles, teeth, a broken knife, and the usual treasures of a small boy's pocket, but it, or half of it, is generally *en evidence*.

A frequent and somewhat trying occurrence is the arrival of a patient late on a Tuesday, Thursday, or Saturday afternoon, who proudly produces a card for a Monday, Wednesday, or Friday morning clinic. You tell him that each doctor stops but two hours and to come again at the time appointed, upon which he tells you with the most delightful *bon-homie* that any doctor will do for him—he only wants a drop of medicine or bit of dressing, etc. Argument is useless in most of these cases, and a doctor has to be called whose powers of persuasion outrival those of the registrar.

The dispensary is also a mistaken port of call for patients and visitors going to Blackwell's Island or the morgue, and once in, much conversation is sometimes required to urge them to move on farther. Frequently a foreigner rushes excitedly in and deposits a box on the table beside one containing the body of a still-born infant, while he thrusts the certificate into your hand. Then many poor, homeless, half-starved creatures take it in on their endless round in search of food and lodging.

Opposite the dispensary is the training-school for women nurses, just below it is the men nurses' home, next to that the morgue, while on the dock are the offices of the Department of Charities. These are the boundary lines of the little world of Bellevue. One hears from time to time of the old hospital being pulled down and of a magnificent white structure, ideal pictures of which resemble the Capitol at Washington, being built in its stead. When the millions required shall have been obtained and expended in erecting and equipping this new hospital with all the best-known methods for combating disease the city will indeed have something to be proud of, but there are many individuals who perchance will be forgiven for looking back with sentimental feelings akin to regret to the unique old Bellevue of the nineteenth century.

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Boston, Mass., is to have school nurses on the same plan as is in working operation in New York City.

**A NEW CRANFORD: BEING A MORE OR LESS TRUE  
ACCOUNT OF AN EXPERIMENT**

**DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST  
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

BY ISABEL McISAAC

Late Superintendent of the Illinois Training-School, Chicago

(Continued from page 239)

**III. OVER THE HILLS AND FAR AWAY**

ONE of the best things about Cranford is that it lies off the main road, which to many persons seems to be a grave fault, but we like the seclusion, which comes more from our situation than from our distance from town or neighbors. Our place lies very high, bounded on both east and west sides by deep, beautiful ravines, which nearly meet on our north boundary and widen out on the south to meet a wide stretch of marsh across which wanders a dear little river near us, while miles away is the big river which is busy with all kinds of craft in summer. Across the other end of the marsh are the railway and trolley-cars connecting the two towns a mile and three miles away. All of this is spread like a panorama before us, a constant moving picture of traffic. In warm weather we often hear voices and music on the huge lake steamers ponderously going up and down from one wharf to another, and at evening time the lights across the marsh are indescribably lovely. The marsh is unusual in that the height of the water is not dependent upon the rainfall but upon the variations of the lake, which is separated from it only by a narrow sand-dune. This year, when we suffer so cruelly for lack of rain, the marsh was full of water and so green and beautiful it was an oasis in a thirsty, dusty land.

To reach our house from the highroad one starts at the southwest corner, goes east to the east ravine, and gradually ascends the east side, the scene of most of Billy's activities, and finally reaches the upper level at the northeast corner. Were it not for the odious comparison we might say, as the spider said to the fly, "The way into our parlor is up a winding stair."

The ravines are filled with trees, which serve as screens, enabling us to hear our neighbors but not to see them, nor can they observe our experimental farming. There are, however, disadvantages in this situation, because we have no chance to fly in case of an enemy's approach, for he is upon us before we see or hear him coming, which fact compels

some regard for our costumes in good weather. With two dogs of not altogether unblemished reputations and our shelf-like road we have no fear of evildoers.

One queer little man who came out from town to lay bricks carefully concealed all that were left over in the back of his wagon under a horse blanket, and prepared to take a short cut down the east ravine to escape Euphemia's observing eye, but, like other plans o' mice and men, he came quickly and sadly to grief and nearly ended his days like Absalom. When his wagon was at an acute angle to the road all the bricks slid to the front, making a great racket and giving such impetus to the vehicle that man, horse, and wagon were precipitated into the treetops below, where the old man lifted up his voice to the skies with the most elaborate, original, and picturesque profanity. The poor old creature was so shaken Euphemia hadn't the heart to claim her bricks, and prints of the scrimmage may still be seen on some of the trees.

This short cut descends so abruptly through the trees that we call it the Green Hole, as that is what it appears to be when viewed from the top.

Across the west ravine is a colony of summer cottagers and a large hotel with golf links which make our north boundary. While they lie so near to us that we hear their voices, we never see them unless we descend to the road, or semi-occasionally when some unwary ones wander through our gate, where Betty and Rex, the dogs, pounce upon them through the Green Hole and do not at all mind taking a nip at them, or Euphemia meets them like a grenadier and faces them right about to retrace their steps. Taking it altogether, we much prefer our sky parlor to living on the main road, where there is nothing to see but travellers, who are far less interesting than our panorama.

This has been a gray, quiet Sunday, when sight is blotted out by the soft falling snow and sounds come to us with almost startling distinctness, not cold enough to cause suffering, but enough to give us thankful hearts that our beasts and birds are warm and comfortable and we are safe at home.

Euphemia and Tom are in bed, tired with the doings of the day. An hour ago I laid aside my pen and lifted the curtain to look at the night. It would be moonlight were it not for the soft gray clouds. The snow has ceased and all the world before me is covered with a white garment of peace. Across the marsh a tower-clock is striking the late hour; other sound there is none, even the lake is silent and the foghorn is no longer moaning since the snow ceased.

Instinctively my thoughts and my heart go out to the night nurses all over the land. Of all the lonely watchers of the night, sailors, sentries,



light-keepers, and shepherds, none keep the solitary, anxious watch of the night nurse or the watching mother. There has never been anything quite like it since the world began, and no woman ever goes through it who does not all the rest of her life carry a shadowy remote corner in her mind and heart into which no one else may enter, nor can she ever look out into the night at a late hour and alone that she does not think of those solitary watchers in the great hospitals, in quiet city houses, in cottages and tenements in remote villages and on lonely farms, and with a throb of sympathy pray for their guidance and safety.

(To be continued.)

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## RELATION OF BACTERIA TO DISEASE

By MARTHA FISH

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EVER since the discovery of bacteria, over two centuries ago, many theories as to their connection, if there be any, with the diseases of man have been offered and rejected. Even as late as 1821 such a relation was considered as absurd. After that it was generally admitted that the bacteria and certain diseases were found together, which of them being cause and which effect not having been positively decided to the satisfaction of anyone.

In discussing this question it is evident that there are three factors to be considered, the micro-organism itself, the animal infected, and the resulting disease which is the sum total of the result of the characteristics of the other two factors.

In diseases caused by micro-organisms one characteristic is possessed by all, that is the ability to get from one individual to another. No matter what specific infectious disease it is, it is always possible to carry or transmit it from one individual to another, this property of transmissibility being characteristic of infectious diseases. The question is, then, what is it in the disease which can be transmitted and which will at the same time answer the other requirements of multiplication and change in the tissues?

In the disease itself two factors are involved—first, "infection," and, secondly, "intoxication." Infection is the entrance into the tissues of the body of a specific micro-organism which is capable of producing changes in those tissues. Man can contract certain diseases which the lower animals cannot, such as typhoid. Even the races of man are dif-

ferentiated, the negro being considered immune from yellow fever and the Japanese from scarlet fever. The lower animals have certain diseases to which man is not susceptible. Should the bacteria of these diseases enter the tissues of man they would have no effect. But if man be subject to the disease and the specific organism of that disease enter the tissue certain chemical substances are produced by these bacteria, often at the expense of the tissue itself. These chemical substances are formed by the bacteria in much the same way that the chemical substances are formed from the foods taken into the living body. These chemical compounds, in their turn, produce changes and symptoms in the individual infected, the changes and symptoms being termed "intoxication." This intoxication cannot be carried from one individual to another any more than one person could take a dose of medicine, say a sedative, and another person get the effects of the dose.

Therefore the intoxication is not the cause of the disease because it does not stand the test of transmissibility, which is the essential characteristic of the infectious diseases.

Now test the chemical substances which are elaborated by the bacteria. It is known that no chemical substance has the power of multiplication. The effect observed would be directly proportionate to the chemical substance introduced. That is, if we introduce a certain amount of chemical compound we would get just that amount of intoxication. This is not true, however, as we know that a small amount injected yields a proportionally large intoxication.

Micro-organisms, the other factor in infectious diseases, do possess the power of multiplication, as even a single cell produces symptoms out of all proportion to the amount injected. They also possess the power of transmissibility, and are capable of producing intoxication through the action of their chemical products. They answer, therefore, all requirements.

The thing to do, then, is to find the specific organism and to prove that in a certain given disease one particular bacterium produces that one specific disease. Even then we cannot say that this bacterium is the only one, but we are justified in believing that it is the cause in this case.

In solving this problem Koch, who has given to the world so many new methods for bacteriological investigations, formulated four rules or laws by which he believed we could positively demonstrate the causal relation between a micro-organism and a given disease: 1. The organism must be present in all cases of that disease. 2. The organism must be isolated and obtained as an absolutely pure culture. 3. The pure culture of an organism when introduced into susceptible animals must produce the disease. 4. In the disease thus produced the organism must be found distributed the same as in the natural disease.

To these may be added a fifth: the chemical products of the organism must produce the characteristic symptoms and effects of that disease.

The constant presence of an organism is proved by making hanging-drop examinations of the fluids and exudates of the diseased body and by staining sections of the tissues and organs. Sometimes this is impossible. In this case other animals are injected with the organism. If the animal dies and the examination of its bodily tissue shows the presence of the same bacillus which was injected, we are justified in identifying it with the injected bacilli, as we can only get life from life. This occurrence, however, may only be coincident. A pure culture must be obtained.

This is done by transferring the organism thus found to a plate media. When developed, transfer one colony to another culture media, either gelatine, bouillon, or agar. We may be sure this is a pure culture.

In most cases of diseases the organism has been found and a pure culture obtained. In leprosy, however, a pure culture has not been obtained, and in scarlet fever and measles the presence of an organism has not been definitely shown.

Having secured and isolated the micro-organism, the second factor in the question may be considered—*i. e.*, the infection of an animal. The susceptibility of the animal is taken note of and the number of bacteria injected proportioned to the size of the animal. Lastly, the avenue of inoculation is carefully selected.

The most common methods of inoculation are cutaneous application, subcutaneous injection, intravenous injection, injection into special regions such as the anterior chamber of the eye, into the substance of the lung, or the lymphatics. More rarely intra-cranial injection, as in rabies infection, along the respiratory tract and of the alimentary canal. These include all the ways in which a man may contract a disease.

The cutaneous application is illustrated by boils and felons. The bacteria in this case are rubbed in with fat or vaselin.

The subcutaneous method is the common hypodermic method. The tetanus infection is an example of this. In artificial inoculation mice and rats are inoculated over the root of the tail, guinea-pigs and rabbits on the side.

The intravenous method is most important, as it is the direct introduction of the bacteria into the circulation. This is done with a syringe or injection apparatus. A rabbit is used as much as possible for this, as the vein on the posterior margin of the ear answers all purposes very well. If a large amount of toxin is injected, the jugular vein is used. This method is followed in inoculating horses in diphtheria. The results are rapid.

The anterior chamber of the eye is used in inoculating with tubercle

bacillus. A slit is made or a needle introduced at the edge of the iris and the fluid injected into the anterior chamber directly.

At times the bacterium is injected directly into the pleural cavity or into the peritoneal cavity. Infection of the alimentary canal is brought about by swallowing the bacteria with the food. A new-born animal is preferable for this, as there are so many bacteria in the adult alimentary tract. The respiratory tract is infected by inhalation.

The infected animal must now be observed for the symptoms of the disease. The principal points to be watched are the weight, temperature, and respiration. A steady, though slight, decrease in weight shows chronic wasting disease and *vice versa*. Temperature per rectum is important, as temperature is a good indicator of the action of bacterial poison on the animal tissue. These symptoms must agree with phenomena already observed in this disease.

The most important results are obtained from post-mortem methods. The fluids and exudates from the diseased portions of the body are transferred to culture-media in plates as soon as possible after death. From these isolated colonies agar, bouillon, gelatine, and potato cultures are made. Hanging-drop examinations are made. If the organism thus examined shows the same characteristics in every respect as the organism injected, we can state safely that this specific organism is the cause of this disease in this instance.

Every step of the Koch method has been followed in the anthrax bacillus. A further step in the subject would be to isolate the chemical substances elaborated by the bacteria and prove that they can produce the intoxication present in the disease. When these chemical substances which are produced by the bacteria are in sufficient numbers to form lesions in the tissues death results. If, however, the tissues have sufficient power to withstand the action of the chemical substance, the individual is said to be immune. The immunity to disease may be artificially produced.

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THE New Orleans *Medical and Surgical Journal*, commenting editorially on the educational advancement in medicine, attributes the moral and intellectual progress to the influence of State registration and the honest manner in which the laws have been administered. "Even the layman sees the advance, and, although he is daily invited to a survey of a host of flagrant and pretentious notices of cure-alls in the daily press, anyone may read that in their bold and brazen claims these parasites must eventually die a natural death."

## THE NURSE IN NERVOUS DISEASES

BY ALICE LUCAS

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AMONG the eras in human history we have heard of the Stone Age, the Iron Age, and even the Dark Ages, but the present era might fitly be termed the "Age of Nervousness."

Nervousness is the characteristic of the American people. Abroad, we are known for our excitability, irritability, and that energy we so lovingly call "strenuousness." Nowhere is the wear and strain of modern life so marked as in this much-achieving nation. The death-rate, as given by leading statistics, shows that it is rapidly increasing. Must our progeny read in the annals of the future that we have become a people of unsettled brains and shattered nerves? Briefly glancing at some of the causes of these maladies, we find, in the beginning, our children coming into the world hampered with a heritage of weakened nerves; then the baby minds overburdened with much thought at a period when they should be free from care; later, school, with its often misdirected teaching, or "cramming;" society, with its gayety and pleasures; business, with its cares and worries, and even religion is pervaded with that spirit of unrest that causes it to be more often a source of evil than of good. By far the most frequent cause, however, will be found to be overwork combined with worry. The professional or business man or woman, after years of close application to work, too often becomes a nervous wreck, and thus their usefulness in life is shortened and their own lives made miserable.

Let us look for a moment at the more common forms of nervous diseases: nervous excitement and weakness, hypochondria, hysteria, and neurasthenia, or "nervous prostration," as it is more frequently called. The latter is perhaps more prevalent, and may be said to include the others in severe cases, and will serve as an example.

Where there is general exhaustion, with brain fatigue, excessive anxiety, marked depression of spirits, sleeplessness, headache, loss of will power, morbid fancies, irascibility, persistent hypochondria, or mild insanity, the poor sufferer often resorts to drugs, thus forming a pernicious habit which must be fought while life lasts. Where there is an overworked nervous system, there will be an exhausted nervous system; the nerve-cells have been robbed of vital force, hence the body suffers from lack of nerve control, and disease manifests itself through derangement of the various organs, as heart, stomach, liver, etc.

What can be done to relieve these most wretched of human beings?

Generally, a change of surroundings, rest, plenty of out-door air and exercise, hygienic living, nourishing food, especially milk; massage and electricity are often beneficial treatments to produce sleep; nerve tonics and sedatives will be prescribed by the physician; these will produce excellent results. But now I come to the theme of my subject—the important part a nurse holds in the recovery of these patients. She should prove the most valuable aid the physician can rely upon. To her he will look for an accurate report of his patient's condition—*i.e.*, symptoms manifested and the action of his remedies and treatments. The doctor may see his patient but a little while each day; to the nurse is entrusted the responsibility of long hours of careful watching and waiting, sometimes for many weeks, before she sees the reward of her toil in the recovery of the patient. How necessary, then, that she should *know how* to faithfully perform her duty to both doctor and patient, to whom she sustains a most intimate relation.

The greatest requisite is that the nurse should constantly exercise over her patient a strong moral influence. As a rule, through the weakened powers of mind and will the patient has lost much of her former faith and courage, and for the nurse to make it real again is no small part performed. The next requirement is a cheerful, serene temperament; untiring patience, "that sweet virtue," with the little whims and peculiarities that may be manifested; kindness and forbearance with ungente tempers and contradictions, and a profound sympathy, which does not weaken, but wins, the patient's confidence and love.

Firmness may often be required, but should it not be accompanied by that clear judgment that comes from "foregoing one's self and one's own ways for love"?

How great a field we have here to inspire these weary and distressed ones with hope and cheer; to uplift the mind that has become shrouded in gloom and despair to higher things, and assist her to again become her own true self. Hard, do you say? Yes, it is hard, but if we have won *one* back from the Slough of Despond, have we not done something for time and eternity and for the Master whom we serve?

How often have I heard the remark from patients' lips, "Yes, I had a nurse, a graduate of such and such hospital, but she did not understand me." How pitiful to be away from home and friends, sick and lonely, and shut up with a nurse who "does not understand"! Is it not our duty as nurses to learn to understand more fully this class of patients, that must sooner or later come under every nurse's hands?

Every nurse is expected to know how to care for acute and surgical cases, and rightly so,—the greater her knowledge of these subjects the



better,—but my plea is for a little more experience, a little more tact and patience, with these poor, helpless, discouraged fellow-beings that are submitted to our care before thrusting ourselves upon a too confiding public as “trained nurses.”

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### THE NURSE, THE DOCTOR, AND THE PUBLIC \*

By DR. FRANCIS W. GALLEGHER

Chief Attending Medical Officer, Sisters' Hospital, El Paso, Texas

“A SOUND mind in a sound body” is a golden gift to both doctor and nurse, but a sound body is even more necessary for the success of the nurse than for that of the doctor, for the exacting physical strain in the work of the nurse is sometimes without relaxation, continuous over days and nights. A good preliminary education and good health are therefore positive essentials to your satisfactory progress.

I have said that education is necessary for your success. You might ask me now: What is success and what is education? If I undertake to answer these questions, it must be in a restricted sense, for to answer them fully would take much learning and an essay on each. Success may mean to different men the attainment of almost opposite ends. All the nobler elements of success to some are swallowed up in the insatiable greed for money; to such there are no ties too dear, no friends too close, to be offered up on the altar of Mammon. Success, then, to be a worthy motive of effort, must be more than the attainment of the object desired; it must presuppose the object desired to be worthy the best effort. To judge, then, of the value of the ideally successful life requires education, and to aspire to an ideally successful life also requires education. This brings me, then, to a brief consideration of education.

Education is regarded by some as the acquirement of a given amount of so-called book-learning; to have stowed away in the different cells of the brain a given amount of arithmetic or chemistry or physics and the like. This is not all there is to education; this is training, and may be very good training; to this class belongs the educated horse. Education must include the development of all the faculties of man, the discipline of character, the enlightenment of the understanding. I can conceive of a man possessing the better elements of education who never saw a book. Man is more than an animal; he is an animal, to be sure, and in that sense alone a brother to the meanest thing that lives, but he is more than

\* Extracts from an address given to the graduating class of the Sisters' Hospital, El Paso, Texas.

this; he is a being destined to live beyond his brothers of mere clay; he is a being whose soul will survive the element of time, the destruction and rebirth of worlds. "He is a soul clothed with a body." This higher and nobler view of man and of his destiny and of education is necessary in order adequately to judge of the value of success. But the element of education called training is also essential to success, to the success of the matter in hand, and also to success in the profession of your choice. The candidate for honors in the nursing profession must have a good preliminary training in the ordinary branches; she should be by preference if not a high-school graduate, at least equal to the high-school graduate in training. This amount of mental discipline is very desirable that she may be able to grasp fully and apply successfully the more technical training of the nurses' course, and in order to accomplish an ideally successful life. What is a successful life from this higher plane of thought? As before said, some people subordinate every noble impulse for the attainment of the desired end, be that end ever so base, and this they call success. Napoleon, springing from a home of poverty, trampled his way over the lives and hearts and liberties of entire peoples to the very pinnacle of human pride. Washington abandoned the possibilities of a life of luxurious ease, which ample means made possible, for the hardships of a Valley Forge, and started on its marvellous career the glorious nation of which we are a part. After whose name would you write the word, "success"?

The nursing profession, the medical profession, and the public are closely bound by a community of interest. The physician looks to the nurse for expert assistance in his responsible duties, and the nurse looks to the physician for counsel and advice in bearing the burdens of the responsibilities of her office. No one, not even the public whom you serve, is so interested in your proper instruction as the physician, because on this depends the success of the effort of both in the alleviation of pain and disease. Hence the willingness with which the physician gives freely of his time and talents, without other compensation than the consciousness of a duty done, that you may be thoroughly equipped for the work you have chosen. . . . The physician is interested in the conservation of the material interests of the nursing profession and in protecting its members from unjust competition. He therefore urges upon nurses bearing the proper credentials of sufficient time of study and proper graduation to organize for the better regulation of and protection of their calling, and to urge upon them the wisdom of creating among their patients and the public a sentiment favoring a license by the State after proper evidences of study and examination for all those offering their services as competent nurses. I do not know that it would be

practicable, but if so it would certainly be desirable that some prescribed uniform or insignia of qualification, like, for instance, the red cross, be reserved to be worn by such only as bear a State license, because the public is better satisfied with and more ready to act on some visible sign, upon which the State has set its seal.

In regard to your attitude to the physician on the one side and to the public on the other, I would say in this relation have no favorites among doctors. View the profession as a whole, because your relations as nurses are with the medical profession and the public, and not with some individual doctor and the public. Have no word of praise or blame, and more particularly the latter, for any particular doctor. You may rest assured that if you are competent and faithful in your work, every doctor will be your friend, and be you likewise the friend of every doctor. . . .

Remember that there are two sorts of criticism, that prompted to remedy the weakness of a friend and that which is able to see no virtue in the most heroic attitude of a competitor. Avoid all your lives this latter bias, give credit freely when credit is due, do not make yourselves the storehouses for other people's grievances, do not let your prejudices take the place of honest conviction, permitting the less worthy foundation to be the basis for character building, for when all is said and done, it is the thoughts we harbor which rear the structure of character. . . .

Harmony is at war with selfishness, and selfishness is the guiding principle of individual action. But great altruistic forces are at work beyond the control of the individual. The individual doctor may be selfish, but the great profession of which he is but an atom is ever forging forward in its mission of succor from pain and disease and death.

The individual editor may be selfish, but the great influence of the press, after accounting for all that which in its advertising columns, by baneful influences, is impeding its own power for good, yet remains a mighty factor in the elevation of man and the dissemination of knowledge which relieves suffering and promotes charity and good-will. The individual minister may be selfish, but the work of the Church, in the pulpit and elsewhere, and of women of the religious life in this and similar charities, is probably the greatest force the world knows in teaching men by precept and example the value of work devoted to the welfare of fellow-men and in preventing the lapse into barbarism which uncontrolled selfishness tends to.

The belief in the mystery of disease and the belief in the chemical origin of life are interesting examples of the meeting of extremes—

superstition and science; of the superstition which attributes any process it cannot comprehend to occult origin, and the pseudo-science which asserts the impossibility of the existence of aught which cannot be grasped by finite mind or accounted for by natural means—in other words, which denies to God any place in the universe. To Pasteur was given the honor of proving the falsity of both theories. Pasteur was gifted with an unusually logical and analytical mind, and was also blessed with a sound religious as well as scientific education, a combination from which only can come enduring progress.

For years those who had been pleased to consider themselves as the "scientific world" had maintained that life was a chemical phenomenon, and in the process of fermentation saw its origin, for which they had coined the expressive phrase, "spontaneous generation."

Pasteur, on the contrary, assumed as the premises for his investigations a thorough belief in revealed religion and the creative power of God. He sought in the phenomenon of fermentation not the origin of life, but the result of life activity. His researches proved the soundness of his premises, and the mystery of fermentation, the death of the theory of spontaneous generation, and the origin of disease were all demonstrated to the confounded and confused "scientific world," who, after a long and losing battle, were forced to flee to other vanishing theories which they are still chasing.

Pasteur's work has given intelligent direction to the efforts of the nurse. In the early days of nursing, in the days of Florence Nightingale, the nurse's duty was to comfort and care for her patient by such acts of kindness as bind together in sympathetic union the noble hearts of the race; her acts were acts of charity and love, and required for their performance only sympathy of heart and dexterity of hand; now, however, while all this adds to the qualifications of the nurse, more is required of her. She needs in addition the skilled training which will aid her in combating disease. We know now that much disease is due to the presence and activity within the body of minute organisms introduced from without. The nurse's duties now include the protection of her patient from those invading hosts, the protection also of those not her patients, but who without this exercise of care on her part might become victims of disease. The body everywhere, the excretions of the body, and the air contain these organisms in abundance. The nurse is taught that before any surgical operation the skin over the site of the proposed wound must be made, so far as possible, germ free by thorough cleansing of the right sort. She is taught that after accidental wounds where the skin is broken the wound must be thoroughly irrigated with antiseptic washes to remove and make uninhabitable the region for any pathogenic germs which have gained entrance.

She is taught to make her hands sterile whenever they are to come in contact with abraded surfaces, so that infection by carelessness or ignorance may not be conveyed by her. She is also taught to prevent the spread of disease-bearing microbes from patients with diphtheria, scarlet fever, pneumonia, and the numerous avenues by which sickness may be conveyed from sick to well.

The mortality even of war has been wonderfully curtailed by the application of these principles of modern nursing, and the contrast between the soldier of the Spanish-American War and the soldier of our Civil War in the matter of the protection of wounds is most striking, and it illustrates the long wave of blessings following the researches of Pasteur. I have been told by medical officers of the late war how by means of the first-aid bandage the most serious wounds were made simple injuries, and in contrast I have been told by a soldier of the Civil War, now one of your teachers, that while he was being conveyed by a United States transport with numerous other wounded from one of the battlefields of the South, the nurses on board passed from soldier to soldier with buckets of water, and with large sponges washed the wounds of the injured men, marking for death those they touched with more accuracy than had been done by the bullets of the enemy. How have things changed since those days of 1860 to 1865, for it was only in the decade between 1855 and 1865 that Pasteur proved that fermentation and putrefaction were not evidence of spontaneous generation but of the growth of germ life, introduced from without, and it was not until 1875 that Lister applied these principles to the prevention of infection of wounds.

Modern nursing, then, is an outgrowth of the advance of knowledge regarding the cause and prevention of disease. The kindness of heart which the true nurse must possess for all who "labor and are heavy burdened" is supplemented and made perfect in the training-school by study, which gives scientific direction to her heart's impulse and increases a thousand-fold the worth of services dictated by the kindly heart alone.

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NUTRIENT ENEMATA.—The *Medical Standard* gives the following recipes: 1. Beef tea, three ounces; yolk of one raw egg; brandy, one-half ounce; liquor pancreaticus, two drachms. 2. One whole raw egg; table-salt, fifteen grains; peptonized milk, three ounces; brandy, one-half ounce. 3. Beef tea, two ounces; brandy, one-half ounce; cream, one-half ounce. 4. Beef tea, two ounces; one whole raw egg. 5. Beef juice, one ounce. 6. Beef essence, six ounces. 7. Whites of two raw eggs; peptonized milk, two ounces; two eggs."

## THE INFLUENCE OF THE DISTRICT NURSE

By MARGARET D. DRIER

Brooklyn, N. Y.

WHEN Pastor Fliedner, in 1836, re-created the German Deaconess Order, the prototype of the modern nurse, he introduced one of the greatest movements this last century has known. Florence Nightingale and her Crimean nurses; the Red Cross nurses the world over; the trained nurses in war and epidemics, carrying skill, knowledge, and mercy; the modern hospital with its equipment of skilled nurses; the nurse in the family; and last, but not least, the district nurses among the poor—all these protective forces of the world date their origin to that little room in Kaiserswerth with its two hospital beds and one nurse, and were sent forth by the inspiration of a great faith. District nursing is as old as the nursing profession, but the increase of district nurses well illustrates the new spirit of the times. In the past we were content to build our hospitals and open our doors, but to-day we go out and carry our help to those who need it instead of waiting for them to come to us. It is the new spirit which we are beginning to see everywhere, and it seems to be in striking harmony with the ideal of the Master given two thousand years ago when He said, "I was sick and ye visited me."

Let us consider for a moment what a nurse stands for in her district work. She enters the home when there is illness, not as an intruder, but with the right to enter because she brings help; she carries with her not only the knowledge and skill to care for the child and help the mother, but incidentally she teaches the need of cleanliness, helps in choosing food—possibly teaching how to cook it; shows the need of care in contagious diseases, and, best of all, carries the spirit of friendliness and helpfulness into the homes, on the principle that any privilege that education or knowledge may give to any one citizen must be shared with all.

It often seems to me that the nurse stands as an individual for that ideal of intercourse between man and man and nation and nation which is surely coming. She carries with her the flag of truce. She goes unarmed. She practically places herself at the mercy of those to whom she ministers, with the simple faith that the trust she gives must be reciprocated. Her mission is primarily to relieve suffering. If there is anyone who has seen a child suffer,—and who has not?—how would it be possible not to give in richest, fullest measure to relieve that suffering? If in our hour of need knowledge or money has placed at our command the skill of a trained nurse, can we accept that privilege without sharing



it with all who suffer. Many are asking, with the little boy of whom Mr. Poole has spoken, who, when he prayed, "Give us this day our daily bread," asked, "How many is us?"

It would be easy to prove that from an economic point of view nothing could be wiser and more prudent than to send our nurses among the poor; it could easily be proven, also, that it would be much cheaper for us to do that work than to wait till illness has come, and to combat it as we are attempting to combat the plague of tuberculosis at present, but prudence is never a motive strong enough to win. No appeal to material consideration is ever going to win.

"It is not the grapes of Canaan that repay,  
But the high faith that failed not by the way."

There is one motive, and only one, strong enough to give us victory, and that is love—love for our fellow-men and love for our country.

We know that the trained eye is readier to see beauty and the trained ear quicker to detect harmony, but is it true that we see in the dwarfed, stunted lives around us the possibilities of the fulfilment of a perfect manhood and womanhood, and has our soul such a love for its fellow-man that we strive to make this beauty possible, and out of the din of the city noises and the cry of the children endeavor to create the harmony for which we have been trained to listen? It is only a great love that can see the possibilities, and if the eye of a Michael Angelo can see in the huge block of marble a David, and can never rest content till he has made that statue the best he can, how can we rest till we have given to every man, woman, and child that has come within our gates the opportunity to win a larger life, to grow into the full measure of their capacity, and to hew out for themselves a destiny proportioned to their gifts? It is those lost possibilities which haunt us. It is easy to kill, but it requires a great soul to arouse the dormant energies, to vitalize them, and to make them creative forces for good.

At one with the love of our fellow-men is the love of country,—our country,—which is even to-day the hope of all the oppressed, the haven of the hunted, the vision of righteousness for those who suffer wrong. Consider the idealism and expectation with which those children of the Old World come to us and realize how far their hopes are from the possibility of fruition! They bring into our country their strength, their industry, their idealism, their faith in us, and are forced to meet and accept conditions which sap their vitality and which make their very industry their curse. In spite of societies for the protection of immigrants, our friends who come to us from other countries are met and welcomed in this land of liberty by sharpers,—men and women in numbers,—who for

the sake of money are willing to do them wrong, and in them the motive of gain is so much stronger than is the motive of righteousness with us that they win and we lose nine times out of ten, and we permit them to barter away our good name. And yet "as these little ones shall fare our fates are cast."

But love of country will win, for again it will grow into a passion, and in its rising tide sweep forward all the protective forces that make for human brotherhood. And among those whom we send forth to rekindle the faith of others in us there is no one better fitted for the task than the district nurse.

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THE key-note to good nursing is to put forth your best efforts with sympathy. Success in nursing depends largely upon our ability to overcome our own physical desires. We must be willing to give up many comforts—even needed rest, if necessary—when duty demands it for the welfare and comfort of those in our charge. We have entered upon a work dealing with human lives, and nothing should interfere with the rendering of needed services when required. It is no small undertaking, but a strong and vigorous constitution, toned down and balanced with moral character, will make us winners in our chosen profession.

Perfection shall be our aim, our ideal; but let us not make the mistake of becoming despondent in not obtaining our ideals, for ideals cannot be attained. Light-houses which are planted at the sea-shore serve as guides to passing steamers and prevent them from crashing against jagged rocks or mooring upon treacherous shoals, but they do not make good dwelling-houses. So our ideals of perfection—they serve to guide us in the devious pathway of life, but we cannot dwell in them. They serve to guide us to our best endeavors by illuminating our pathway and inspiring us to attain to higher levels.

Above all, let us be happy. God made the heavens and the great, broad earth, and placed us in it in order that we might be happy. By being happy ourselves, we make others happy. If we are not happy, it is our own fault and not our friends'. He who can be contented and happy under all circumstances and conditions possesses that which kings can neither buy nor steal.

And let us be womanly women, and not professional women. We cannot afford to sacrifice womanhood for professional prestige. A professional nurse devoid of womanhood possesses neither sense nor sex, and should not be seen in the sickroom. Let us ever retain the sympathy which true womanhood extends to all those who suffer, and thereby increase our usefulness to our fellow-beings.—*From the Class Address given by Miss Davis, People's Hospital, Chicago, Ill.*

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



**MORE THAN YOU KNOW ABOUT YOURSELF: A MANUAL OF THE TRIPLE SCIENCES—PHYSIOGONOMY, PALMISTRY, AND ASTROLOGY.** With Illustrations and Miscellaneous Articles. By Emeline A. Knapp.

THIS book is for the frivolous and curious, those who still want to be amused and diverted; incidentally you may sharpen your wits and cultivate your powers of observation under its teaching, but most of all you will find it an interesting and relaxing entertainment. The title calls for an author in black velvet and ermine, with an owl, a cat, and a broom-stick somewhere in the background, but she discovers herself as a most practical twentieth-century person who shows you a number of things which you might see for yourself, only you are not likely to, and tells you what they mean, how they modify and counterbalance each other. Long after you have exhausted the book you continue to amuse and instruct yourself by verifying your observations on the characteristics and idiosyncrasies of your friends and acquaintances. To those who prefer to look into the past or the future will appeal the chapter on "Palmistry," which teaches enough of the occult science to make one a terror to one's credulous friends or help dispel the dulness that sometimes follows too good a dinner. Miss Knapp has our congratulations and warmest thanks for her book.

**BACTERIOLOGY IN A NUTSHELL: A PRIMER FOR JUNIOR NURSES.**

Compiled and arranged by Mary E. Reid, Graduate Nurse, late superintendent Thomas Hospital Training-School for Nurses, Charleston, W. Va.; assistant instructor in general nursing, Woman's Branch of the German Hospital, Cincinnati, O.

Miss Reid is very modest in her choice of a title to her excellent little book on bacteriology. We can assure those who are interested that this "nutshell" holds a great deal, and that the book is well worth knowing. Making no pretensions to be anything more than a primer, it is so comprehensive and so simple that the student gets a good idea of the bigness of the subject, and is much more liable to go on intelligently than if she had grappled with it in a larger and more scientific book. In

every page there is evidence of care and painstaking. One feels that the writer is a most conscientious teacher and one who will be satisfied with nothing less than success. There is also evidenced in the book a spirit of loyalty to the writer's profession of nursing which cannot fail to make itself felt. The arrangement into short chapters with a summary at the end of each and followed by questions for review makes it very easily kept in mind, at the same time the questions are so few as to be mere pointers or hints to the memory. It is rather unfortunate that the first edition should contain a number of errors in the printing, but we hear that the second edition, fully revised and corrected, is nearly ready. The dedication and the opening lines of the introduction are given in full, as they so well introduce Miss Reid as a nurse to the readers of the JOURNAL:

"To Charlotte A. Aikens, superintendent of Iowa Methodist Hospital, Des Moines, Ia., general director of the 'Graduate Nurses' Hospital Extension Course' and associate editor of the *National Hospital Record*, to whose suggestion this booklet owes its origin; and to my dear friend and old superintendent, Sister Emilié Koch, of the German Hospital, Cincinnati, O., 'Bacteriology in a Nutshell' is most affectionately dedicated."

"In compiling this small primer of bacteriology for junior nurses the work along bacteriological lines prepared as one of the members of the class of students of the 'Graduate Nurses' Hospital Extension Course,' in October, 1903, has been used as a basis. Nothing new in the way of theory has been attempted. Much rather would the writer join the ranks of her sister nurses who so bravely have enlisted to help the noble army of physicians and surgeons fight a victorious warfare against that branch of the bacteria family called 'disease germs.' Most gladly would we all as nurses see these tiny foes to health destroyed forever."



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## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



**MOVING UNCONSCIOUS PATIENTS.**—Dr. Charles S. White has invented the apparatus shown in the cut. It is illustrated in the *Journal of the American Medical Association*.

This is made of heavy canvas, thirty inches long and ten inches wide. Each extremity is sewed securely about an iron rod three-eighths of an inch in diameter. The iron pieces have their ends bent squarely in a rectangular form, leaving sufficient space to fasten leather straps eleven inches long, each pair of which join at a metal ring about two inches in diameter. The sling is completed by a strap riveted in one ring, a buckle in the centre, and connected with the other ring by a snaffle. The illustration shows the manner of using it. By rolling a patient first to one side, then to the other, it is placed under him, the strap thrown over the shoulder and snapped, the whole process requiring less than a minute. If the patient is unusually large, the sling can be adjusted by the strap which goes over the shoulder. One arm is slipped under the patient's neck, the other under the knees.

The chief use of this apparatus is in moving comatose cases in crowded dwellings, and this latter term includes some modern apartment houses. The advantages are: 1. The weight is properly distributed on the person carrying the load; much of it is placed on the muscles of the back, where it belongs. 2. One person can do the work usually required of two or more.

**TREATMENT OF DIABETES.**—The *Journal of the American Medical Association* in a synopsis of an article in the *Berliner Klinische Wochenschrift* says: "De Renzi has been treating diabetes for thirty-four years with a green vegetable diet. He thinks that this is not merely a symptomatic but a radical cure. The carbohydrates in green vegetables are well tolerated by diabetics. The power of assimilation is exaggerated in them, contrary to what is observed in tuberculosis. An amount of calories inadequate for a healthy subject amply suffices for a diabetic. His ration is five portions of green vegetables; five portions, that is, about three hundred grammes, of meat, five eggs, and a pint of wine, forming a total of two thousand one hundred and four calories. The only drug of

any use in diabetes is sodium bicarbonate. He gives it in large doses and remarks on the strange tolerance for it. It neutralizes the beta-oxybutyric acid, while it improves the general condition and the glycosuria decreases. One diabetic woman took forty grammes a day, fractionated, deriving astonishing benefit from it during the two years she was under observation. When the dose was reduced the improvement declined with it. He considers electricity harmful in diabetes."

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FOREIGN BODIES IN APPENDIX.—Dr. Louis J. Mitchell gives in the *Medical Record* a list of foreign substances found in the appendix in his experience. These were grape-seeds in eight cases, shot in three cases, pieces of bone in two cases, a portion of a shingle-nail, a drop of solder, a fragment of nut-shell, the bone of a small fish, and particles apparently of ash or stone. In none of the cases was there any sign of inflammation in the appendix or any symptom that it had been inflamed.

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HYDROTHERAPY IN SCARLET FEVER.—*American Medicine* in an abstract of a paper in *Pediatrics* says: "R. W. Marsden believes nephritis in scarlet fever is not so wholly independent of the severity of the febrile attack as is usually supposed. His experience in hydrotherapy as a prophylactic includes a number of cases treated by the lukewarm bath, but without the use of the ice-pack or the regular administration of quinine. The baths were given every four hours for fifteen or twenty minutes at a temperature of 90° F. Of fourteen patients thus treated, nine were under five years of age; one death occurred, a child of three. This cannot be claimed a percentage mortality for the series, as only selected cases were employed. The most striking feature showing the action of the baths was the sedative influence, they often acting similar to baths in typhoid fever, the patient falling asleep directly after removal from the bath. Marsden believes that short, cold baths give the greatest benefit in case there is no danger of producing cardiac failure. In doubtful cases, in young or weakly patients, the lukewarm bath is to be preferred, though the duration of it should also be short."

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OBSTETRIC REQUISITES.—Dr. Milton Mabbot publishes a list in the *New York and Philadelphia Medical Journal* which, though not new to nurses, may be useful as a reminder. The lanolin is for the prevention of sore nipples: Nail brushes, soap, green soap, lanolin, vaseline, sol. of argyrol (twelve per cent.), powdered boric acid, sodium chloride, chloroform, ergot or ergotole, antiseptic tablets (bichloride of mercury), carbolic acid, creolin, lysol, whiskey or brandy, absorbent cotton, gauze

or cheese-cloth, ice, hot and cold water, basins for—*a*, hands, *b*, antiseptic solution, *c*, bathing patient, *d*, ice, *e*, placenta, *f*, vomiting; pitchers for—*a*, hot water, *b*, cold water, *c*, forceps; sterilizer (fish kettle and gas stove), fountain syringe, douche pan, bedpan, pail or slop-jar, glass catheter, clinical thermometer, bath thermometer, glass and spoon, medicine dropper, waterproof sheeting, sheets, blankets, spread, wrapper, nightgown, underwear, leggings, including feet, bed-pads (thirty-six by thirty-six inches), towels, roller-towel or loops to pull on, napkins or vulva pads, binder, breast-binder, needles and thread, nursery or safety-pins, narrow tape (bobbin) for tying cord, scissors, receiver for baby, pieces of old linen, olive oil, baby's bath and bath sponge, scales to weigh baby, puff-box, complete set of clothes, and separate bed for baby.

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ATROPINE INTOXICATION.—The *Journal of the American Medical Association*, quoting from a German contemporary, says: "A woman mistook the bottles and gave her child a teaspoonful of an atropine mixture, ordered for instillation in the eye, and instilled in the eye a few drops of an iron syrup. In two hours the symptoms of severe atropine intoxication were pronounced. Holz injected five milligrammes of morphine, evacuated the intestinal gases through a stomach tube, and stimulated intestinal peristalsis with vinegar enemas. The soothing action of the morphine was apparent at once, and after a second injection in four hours all danger was past. The antagonism between atropine and morphine and atropine is now established. They are not chemical antidotes in the chemical sense, but the morphine stimulates the nerves paralyzed by the atropine."

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HOT BATHS IN NEURASTHENIA.—The *Journal of the American Medical Association*, in a synopsis of an article in the *Gazetta degli Ospedali*, Milan, says: "Alessi noticed that his neurasthenic patients were much less irritable during the summer than in the winter, and felt better generally. This fact, in connection with others which he cites, suggested the propriety of stimulating the more sluggish metabolism during the winter by means of hot baths. He has found them of the greatest value for this purpose during the cold months. The bath is taken in the morning, the temperature of the water is as warm as is most agreeable to the subject, and he remains in it for forty minutes. He finds afterwards that he is far less nervous and irritable and that he gets through the day comparatively without fatigue. Alessi ordered the baths merely to combat the symptom of irritability, and supplemented them by the ordinary measures."

## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



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### ORGANIZATION NOTES

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#### THE PROGRESS OF REGISTRATION

THE Dutch Nursing Association held its twelfth annual general meeting in Amsterdam during the past summer, and heard the reports from several committees—viz., on a Provident Fund and Pension Fund, on the editing of the association's journal, on a library for nurses, and on the subject of trained nursing for the army. It appears that the Minister of War for Holland totally and entirely disapproves of women nurses for the army, so for the time being that is turned down.

The most weighty subject and the one that aroused most discussion was the report of the committee on the training and examinations of men and women nurses. It would appear that the same chaotic condition as regards the teaching and practice of nurses exists in Holland as elsewhere, varying from a good general three-years' course in large hospitals down to the small and special hospitals, and to no hospital training at all. There is some demand for State regulation, but the majority is opposed to it, and the council of the association has come out in the negative on the ground that it would tend to restrict an advance in good methods, as training is in a state of development, and they fear it would act "as a tight corset." As they realize that some regulation should be introduced, but are afraid of legislation, the association is going to try to introduce some order into nursing education voluntarily through its own influence. The committee made the following recommendations:

That there should be preliminary training in practical domestic matters given in all hospitals, municipal as well as private. (Such preliminary teaching is already given in several hospitals but is not general.) That by the influence of the association one or more such preliminary schools should be erected. (This excellent proposition was rejected, probably for financial reasons.) That probationers should not be admitted under twenty years of age and that three-years' training should be the rule, of which at least two must be spent in one and the same hospital. That there should not be too many lectures, but that the teaching should be practical and given in part by the matron and head nurses.

The committee then presented a scheme for defining a curriculum for the whole country which will qualify the nurse for presenting herself for examination. The examination will take place in different parts of Holland, and the certificate given will be the only one to be recognized. The present awarding of special diplomas, as for obstetrics, mental nursing, etc., will be superseded by the new certificate for general work.

The Dutch Nursing Association shall convene all the representatives of now existing hospital and Examining Boards, with a view to arriving at a definite basis. A working committee from the association was suggested, one of whom may be a nurse (either man or woman), and upon the Examining Boards it is suggested there shall be one nurse.

All of this scheme appears to have been enthusiastically approved by the annual meeting, and it will probably be put into practice as fast as time allows. It seems to be a step in the right direction, and although the representation given to the nurses seems small to us, yet considering the dominant power of the masculine hierarchies in these good old-fashioned lands it may be considered a marvel that there should be even one!

The movement seems to be very similar to that in Australia under the Victorian Nurses' Association, which has worked well and seems likely to lead to State regulation. The Victorian Association has created a very satisfactory system of voluntary examination and certification under a conjoint board of medical men and hospital matrons.

In the last annual report it was stated that the different training-schools had responded in a gratifying way to the requirements of the board and, with but few exceptions, were sending up their pupils for the central examination.

In outlining the work for the coming year the council recommends a preliminary educational test and the establishment of a special course for future matrons, among other advances.

Dr. Moore, of the Board of Examiners, in a short address said: "Personally, I would be in favor, if it could be accomplished, of State registration. That would accord to the nursing profession a legitimate status that it could not otherwise secure. The profession will always be subject to the inroads of the unregistered nurse unless the members of this association get a legal status by State registration."

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#### THE GERMAN NURSES' ASSOCIATION

THE education of the nurse of the future has been discussed in the two recent meetings of the German Nurses' Association. The winter season was opened by a paper on this subject by Dr. Eugen Israel, a

young, liberal, and progressive physician and the chief defender of the nurse's movement—a modern medical knight-errant. He had thought out for himself, before informing himself of the conditions in other countries, an excellent and practical three-year curriculum, conditions and details as to State examination, etc., which he read at the first meeting. He advocates a preliminary education at least equal to (in American conditions) one year of High-School work; preparatory practical work before taking up actual ward nursing; grading of work and responsibility from easy to difficult; teaching of practice by nurses and of theory by physicians; a three-years' nursing course; a sensible and practical scheme for examinations, and State registration. He considers it essential that the State authorities should classify the hospitals as being suitable for training, and would have small hospitals utilized thus in the latter part of the course, when the pupil has more individual responsibility. He also advocates post-graduate training on a systematic basis, to be also under State supervision, definite, and free to the nurse.

At the second meeting Miss Dock described American conditions, showing that our foremost schools have actually worked out schemes of preliminary work and professional training such as Dr. Israel desires for Germany; that post-graduate work was to some extent available, and that State registration had begun.

A pleasant incident of the evening was the announcement to the members that a long-wished clubroom with officers was to be opened in April, and that the Editor-in-Chief of *THE AMERICAN JOURNAL OF NURSING* had donated a complete bound set of *JOURNALS* as a contribution to its library.

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#### THE GENERAL HOSPITAL IN VIENNA

THE *Algemeinen Krankenhaus* of Vienna has long been one of the celebrated hospitals of the world as a school and centre of medical education. It is a vast caravansary, containing about three thousand beds. Externally it is a most dreary, jail-like looking building, built like military barracks, in long, two-story buildings which run the entire length of city blocks, and those, too, of greater extent than we are accustomed to see.

But once within this jail one finds with amazement a beautiful, green, luxurious park, with massive trees, soft turf, and numerous seats, and, wandering on, one's amazement increases to find eight more smaller, but still spacious, green squares, opening one from another, around which the old barrack-like wards are built solidly. In this plan it resembles the great general hospital of Milan, which is also built around



nine great open squares. However, the Milan hospital, while equally bad in many ways, is a model of beautiful Renaissance architecture externally which does not prevent it from being very unsatisfactory from a professional stand-point, though pleasing to the eye. I was most desirous of seeing the nursing arrangements of this famous old Austrian hospital. Among my earliest nursing recollections was that of hearing the Bellevue internes laugh at the women attendants there—"bolsters with strings tied around the middle," as they described them. Burdette's "Hospitals of the World," so full of details of many institutions, could only say of this one in regard to the nursing, that "As it had no system, its system could not be described," and its enormous size, its fame as a medical school, its dreary, jail-like aspect on the streets, and its bewildering variety of nine great park-like squares within, full of the richest green, made it a most interesting problem. Visitors to the patients were admitted every afternoon, and under cover of the swarms of relatives and friends I wandered about by myself, on several different days, and talked to the nurses.

It is not true that they have no "system." They have one, but it is about as bad as it can be. It is a system of twenty-four-hour duty, alternating with a second twenty-four hours of what they call "Bei-Dienst," a sort of half-and-half duty, of patients taking their own temperatures, etc. For instance, let me describe one ward where I found a very decent and respectable-looking woman sitting at the table in the centre of the ward. She was middle-aged, plain, and dressed in a calico dress with apron, no cap or any attempt at uniform, just the garb of a decent working woman. She looked worn and thin, but her face was passably good and honest. The ward was a long one, about forty beds, and there were two nurses, herself and another woman, assigned to it.

One came on duty at seven A.M., and remained on continuously for twenty-four hours. The other one then came on, and the first one was relieved from full duty, but now her "Bei-Dienst" began. That is, she had now to carry the soiled clothes to the laundry, bring up fresh linen for the day, and at eleven o'clock she had to bring her own and the other nurse's dinner, as the one who is on full duty is not supposed to leave the ward. She then had the afternoon to sleep, and at five she went for the supper for herself and colleague. She then had the night. At seven A.M. she went on full duty for the next twenty-four hours, and the other one assumed the "Bei-Dienst." At each end of the ward was a cubicle, not built off the ward, but in the ward, occupying ward floor space, and with its wooden partition walls reaching about half-way to the ceiling. These were the nurses' rooms. I asked if I might look at one, and the nurse I was talking with showed me hers. It was just big enough to hold

a bed, a small bureau, a small table, and a chair. On the table was the plate with the remains of her dinner, which the other nurse at five would carry away when she went for the supper. I asked her if she slept at night, and she replied that she did not, that they were not allowed to, as temperatures and medicines had to be taken and given at night. However, poor soul, though she is not supposed to be allowed to sleep I was perfectly certain that she did, for how could she help it?

For this work they receive sixteen gulden a month, or about six dollars and a half, and their food. She declared this was much better than a few years ago, when they received only twelve gulden and not all their food. So it seems that there is some progress even in the *Allgemeinen Krankenhaus*. I asked if there was an "Oberin," or woman head of nurses, and she said no, they were all engaged by the superintendent (director) of the hospital and were under his orders. By the way, there are no men nurses in the wards; even in the male wards, she told me, all nurses are women.

No organization at all exists among them. I asked her why all the nurses did not agree among themselves to ask for shorter working hours and to stand by one another, and she smiled a feeble smile and said it would be a long time before they could do that. Poor thing, she was perfectly meek, passive, and timid, glad only to be allowed to live. She took tips as a matter of course, just as a waiter does, for several of the patients' friends as they went out put money into her hand, as if it was the regulation thing to do.

I thought it a most illuminating and instructive object-lesson. Here is this famous hospital, entirely under the control of men, whose brains certainly place them in the front rank. They teach medicine to students from all over the world; they order the hospital to suit themselves; they regulate the nursing, not interfered with by any women managers or superintendent of nurses; they have everything the way they wish it to be, and this is it!

In some few of the wards I found religious sisters in charge, and could not find out any reason why. Their hours are the same, but they do not sleep in cubicles in the wards. Whether they are being gradually withdrawn, or whether they are preferred for special work, I could not learn either from themselves or from the lay nurses, who, however, are greatly in the majority.

In one ward where I stopped to ask questions a male convalescent patient came sauntering in and took out a thermometer from his axilla, though no one could possibly have supposed that there was one there. He examined it and then went over to his bed and wrote the result on his chart, afterwards handing it to another patient! I spoke of this, and

the sister said he had been in the hospital a long time. But I could not see why any of the patients should have anything but normal or sub-normal temperatures under this system.

The wards looked clean and orderly, though bare, and were painted in clean, light colors, and though the furniture was plain and homely there seemed to be plenty of glass jars and appliances for everything the doctors had to do. Everything necessary for clinical work was there in abundance.

A striking and unpleasant feature of this hospital was the unrestrainedly free and easy way in which the convalescent patients and their friends mingled in the green, park-like courts. There seemed no privacy or supervision. In the obstetrical division the waiting women sat on the garden benches and strolled about, and men employés and visitors strolled through and sat about. Young girl convalescents wandered at will through the nine courts, sat on benches with the men, and frolicked, and even love-making was going on. As all convalescents wore gowns of heavy white linen they were quite conspicuous and it was impossible to mistake them.

The numbers of young girls among them filled one with amazement. It was impossible to understand why so many girls of sixteen and seventeen, apparently quite well enough to go home, should be kept in the hospital. Groups of them would wander to the great main entrance-gate, through which the visitors came, but here, when they became too giggling and noisy, a guard did make some attempt at discipline by chasing them periodically with a cane.

The whole thing was dreadful. But this hospital exists solely for scientific research and the study of clinical material. Within the wards strict order and discipline were maintained outwardly, but the moral atmosphere, the spirit of guardianship of the feeble and the young, the feeling of security given by the presence of women of character and education, were entirely lacking. So far as I had gone over Europe it was the worst that I had seen.

L. L. D.



THE pharmacists of Germany put up prescriptions which are to be given by drops in a very trig and convenient little bottle which has a glass, tight-fitting stopper with a dropper made in it, so that all one has to do is to tilt the bottle, perhaps loosen the stopper a little to get a little air-pressure, and let the drops fall. It is a most cleanly and dainty little device. If American pharmacists are not already using it, they would do well to adopt it.

## LETTERS TO THE EDITOR



*[The Editor is not responsible for opinions expressed in this Department.]*

DEAR EDITOR: Being a very busy woman, I do not always read my JOURNAL on time, but I always read every word of it in time. I have only just now seen the letter in the October JOURNAL on higher education, and I feel that I must make my protest even at this late day.

In three years of institutional work it has been my observation that the educated nurse is the nurse who, with other requisite qualities, is equal to the emergency when it arises. I mean the woman who has the capability for a nurse besides her education. Registration to me means putting the profession of nursing on a higher plane—almost in a different caste, as it were. One very prominent New England surgeon said to me a short time ago, "Do you know what registration means? It means that nurses will be forming a labor union before long, and demanding shorter hours and more pay." It did not seem to afflict the medical profession so disastrously. I believe it will place the nurse in her social as well as professional sphere, for we well know that there are many who are at a great loss whether to treat her as guest or servant when she is placed in their homes.

Nurses who must ever be putting money and short hours before real usefulness should certainly descend to the labor union class where they belong, for only driving shuttles or breaking dishes is worthy of such plebeian ideas, and to such women as these must we charge the severe and often unjust criticism of our profession.

I must add one word for the hospital side of this question. True, we give three years of hard service, three or four of our best years, perhaps, but in return for these more is received as an equivalent than is offered by the best educational institutions, and a greater number of nurses leave the training-schools in good physical condition than leave these same institutions. And it is the liberally educated women who appreciate these facts and have no desire to pose as martyrs, but not a little grace to enjoy a life of serving. And when I say liberally educated, I mean good, sensible home training as a foundation to the knowledge learned from books. When the fathers and mothers of this land teach their daughters that they in training for nurses are fitting themselves for the noblest work to which women have yet been called, and that it is just as Christian to do well a nurse's work in this country as a missionary's in India or China, then will

we find more women coming into the profession to honor rather than disgrace it.

L. J. P.

DEAR EDITOR: The suggestion of a "Graduate" in November that it may be "undignified" for a nurse to work for an eclectic or homœopath seems to me a most shocking one. If there are really physicians so odiously intolerant as to express such a view, I can only hope that the womanly hearts of nurses may assert themselves in emphatic opposition. Surely, *nursing* is the same, whatever the school of medicine may be. Surely the *patient* is sick and in need of tender care, perhaps anxious, worried, harassed as well as ill. A nurse can always be a nurse, even if the medical attendant is only a pow-wow man! This is so often the wretched result of excessive *medical* influence in nursing: nursing gets to be looked upon only as a matter of carrying out orders. The *mothering* of the patient is forgotten. Oh women, women, when will you cease being doormats or cudgels for men in their jealousy of one another? If free womanhood has not in itself enough force to ameliorate or override these selfish and unloving ideas, then I pronounce it a failure. Besides, there is no more difference between the treatment of regulars, homœos, and eclectics than there is between treatments of regulars and regulars. Such nurses and doctors ought to go to some other world. This one is not exclusive enough for them.

ONE WHO HATES INTOLERANCE.

MY DEAR EDITOR: As mentioned in your note of the January issue of the JOURNAL, I think the plan of an "eligible volunteer list of nurses to serve the country in time of national calamity or war" a decidedly good one.

It was the promiscuous selection during the Spanish-American War that placed the army nurses socially where they are to-day.

To be on *regular* duty in an army hospital in time of peace is no place for a womanly nurse.

I think now, as I have for years, that there should be stationed at most of our large posts a trained nurse to be detailed by the post surgeon for special nursing in the post hospital when required, as there are times when just such a nurse and nursing is needed. When not thus employed, by special arrangement officers and their families could avail themselves of her services.

Should this ever be brought about, there are various points with regard to her duties which require most careful consideration by the Superintendent of the Army Nurse Corps.

Her social position at the post, not that she will have time or inclination for society—few nurses have—will very much depend on the sort of woman she is and her personal charm.

Certainly, from a social or financial point of view there is no inducement for a first-class nurse, and I mean by that one who has dignity womanliness, and professional ability, to enter or remain in the Army Nurses Corps to-day.

LIDA G. STARR,

131 East Forty-third Street, New York City.

DEAR EDITOR: The honorary secretary of the International Council of Nurses is paying a prolonged visit to Berlin, which is much enjoyed by many of the German nurses. Miss Dock tries to help them in every way possible. Every Monday at five she gives an English lesson to the nurses in the office of the German Nurses' Association. She writes many English letters for the president, and, best of all, her cheery influence is felt by all with whom she comes in contact. Mrs. Fenwick was right in saying in the congress in June, "Miss Dock belongs to us all, we cannot spare her."

In the beginning of December Miss Dock read a splendid German paper, "Der Stand der Amerikanischen Krankenpflege," to a large assemblage in the Berlin Victoria Lyceum. She told how the American nurses are trained and organized, how they try to attain their ends. It was very interesting to learn that the conditions which the German nurses ardently wish for have existed for a long time in the United States. In training and organization the Americans are far ahead, but the Germans have one good point of superiority in their splendid provisions for State and private insurance in case of early invalidism and for old age. The description of the active participation of American nurses in social work was also especially interesting to German nurses, as they too have made a good beginning in that line during the last few years.

In the very lively discussion a German lady described her visit to the New York Nurses' Settlement, and how kindly the nurses tried to make the poor children from strange countries feel as if at home. Many questions of the sisters about American methods were answered, and at the end of the meeting the president told of the gift of the first volumes of *THE AMERICAN JOURNAL OF NURSING* by Miss Palmer, and was asked to send the thanks of the German Association to our American friends.

SISTER AGNES KARLL.

DEAR EDITOR: It is said that January is the time to begin to prepare for Christmas, so I am writing this sketch to give some suggestions to societies of nurses as to how they may celebrate Christmas.



The Boston Nurses' Club at the December quarterly meeting voted to do some charity work through the district nurses who were members, instead of having the usual tree with interchange of gifts.

It was voted that each member who wished to should contribute any sum from ten cents upward, and it was directed that such sums should be paid to the club superintendent as promptly as possible. The club superintendent, her assistant, the district nurses, and another member formed the committee for distribution of what was received. One district nurse said she could use to advantage second-hand clothing among factory people out of work or on half time.

The district nurse for East Boston, a populous section with a large proportion of working people and many children, thought shoes and stockings and warm underclothes for school-children would fill the greatest need. A similar condition existed in Charlestown.

In due season the committee found itself in possession of seven dressed dolls, some other toys, considerable second-hand clothing and shoes, and in money over forty-seven dollars. Five dollars was the donation of an interested patient.

The assistant superintendent was chosen for purchasing agent, and proved to be a most able financier. Her report amazed us.

I give an itemized list, so no club need be discouraged by a small sum:

Miss S. bought twenty pairs shoes, one pair rubbers, eighteen pairs of drawers, sixteen under vests, two infant shirts, five pairs mittens, forty-four pairs stockings, and thirteen yards of outing flannel. An order for five dollars' worth of groceries was given one needy woman, and to a specially deserving family a Christmas dinner that cost over two dollars.

In distributing our benefaction eighty cents were expended, and we have fifty cents in the treasury.

The district nurses selected families who got little or no help from other organizations, and by their intimate acquaintance with the needs of the people were able to work most judiciously.

As all contributions were left at the club-rooms there was no expense in collecting. The superintendent and her assistant gave cheerfully of their time.

The club feels so well rewarded with its departure into philanthropy that it may make an annual excursion.

E. O. BOSWALL.

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[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

## EDITOR'S MISCELLANY



THE EVOLUTION OF PROFESSIONAL JOURNALISM.—There is nothing which demonstrates more clearly the strength of the movement for professional solidarity amongst nurses than the irrefutable fact that every journal controlled by trained nurses is demanding professional organization and legal status. For many years this journal stood alone in advocating these principles, but whether we turn to the organ of the Royal British Nurses' Association—which now that the nurses have regained some little power in that association has come back to its original policy,—to *Nursing Notes*—which, though it for long failed to realize the force of this professional demand, has now come out on the side of the nurses, convinced of the genuineness of their demand and faithfully voicing it,—to the league journals—all of which are edited by trained nurses, and which without exception are loyal to the principle of professional coöperation—we find the same ruling policy, one which advocates the protection of professional standards, and the hall-marking of those who have attained them by means of a system of registration under State authority.

In the United States—and in this connection Canada must be included with the States—it goes without saying that THE AMERICAN JOURNAL OF NURSING stands firm for solidarity, unity, and everything which makes for the better organization of nursing; and, lastly, the Australian nurses' journals under nursing and medical influence are gradually coming out on the side of progress, and of justice for the profession which they represent.

Look on the other picture in this country and in the United States. Both have journals purporting to be for the benefit of trained nurses, but which are in reality commercial speculations, the promoters of which had grasped this lucrative field before the movement for progress and solidarity amongst nurses became articulate, and the financial interests of which are not always identical with the nurses' demand for educational and industrial betterment. It is superfluous to point out that in this country the anti-registration organ has consistently opposed every movement on the part of the trained nurse for emancipation from the present chaotic conditions, and has by the most unjustifiable methods attempted to smash up every coöperative movement of trained nurses inspired with the desire for professional efficiency.

→ In the United States we regret to notice that the lay-edited nurses'

journal is following the inexcusable example of our obsolete contemporary, and is vainly attempting to depreciate the magnificent labors of the leading nurse reformers in that greatest of republics. How vain this attempt is those know well who can estimate the force with which the movement for professional liberty and justice has swept over the nursing world at home and abroad, for is it not inspired by the best of human impulses—the desire for the good of others?

Nothing can demonstrate more clearly the futility of this commercial opposition to justice for women and nurses than the fact that its controllers have not the common-sense to go with the times and help to guide the great tide of nursing progress and so save something from the disaster which will inevitably wreck them if they persist in fighting against higher forces.

Let these lay editors of so-called nursing papers realize once and for all that the day has come when trained nurses, like other professional workers, demand that their views shall go forth to the public through expert channels, rather than through those controlled by persons who do not know their needs, and have, therefore, no right to speak in the editorial sense.

It is unnecessary to labor the point that in a highly technical vocation such as nursing only those with a knowledge of the matters discussed, gained by personal experience, can usefully deal with them. It must be obvious to all.—*British Journal of Nursing*.



AN ANTITOXIN AGAINST FATIGUE.—The *Medical Record* says: "Should the development of the study of toxins and antitoxins render possible the production of an anti-body capable of neutralizing the results of muscular fatigue the consequences could hardly be predicted. Yet a German investigator seriously claims to have taken more than one step in this direction already, and publishes results that are at least surprising. Weichardt (*Münchener medizinische Wochenschrift*, November 29, 1904) says he has obtained a stable antitoxin which, when taken by the mouth in moderate doses, permits the output of an increased amount of muscular energy without fatigue, and when taken continuously causes a sense of general *bien être* and augments the capacity for work. He commends his preparation to clinicians as a promising analeptic for convalescents, neurasthenics, etc. This fatigue antitoxin is obtained from horses by injecting them with fatigue toxin produced in the muscles of animals that have been subjected to extreme muscular exhaustion."

## OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

500 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.]

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

### STOCKHOLDERS' MEETING

THE annual meeting of the stockholders of THE AMERICAN JOURNAL OF NURSING Company was held in New York on January 19. There were seventy-four votes cast, resulting in the election of the following members to be the directors for the coming year: Miss Isabel McIsaac, Miss M. E. P. Davis, Miss Annie Damer, Miss Mary M. Riddle, and Miss Jane A. Delano.

At the meeting of the directors, held at the Westminster Hotel on January 20, Miss McIsaac was reelected president, Miss Riddle reelected treasurer, and Miss Delano elected secretary.

### REPORT OF HOSPITAL ECONOMICS COURSE FOR DECEMBER, 1904.

*To Miss Banfield, Chairman:*

There is little to report beyond a continuation of the work as given in the last report. Miss Crawford introduced her work with the class by some very helpful suggestions for their practice teaching.

I find that these educators of experience take up our problem with great enthusiasm. But our type of students is lacking in two essential points: they are entirely ignorant of the new methods, and, to a great degree, the standpoint of the child. Therefore enthusiasm is on a downward grade, but the class is gaining in experience all the time, and is also becoming better adjusted to the student order of life.

Miss Nutting gave her lectures and, as usual, the students were greatly impressed. An afternoon tea was given by the class for Miss Nutting in Whittier Hall, many of the superintendents of the city attending.

Miss Wilson invited the class to visit Monday morning ward clinics. Four of the class have accepted; the others will attend next Monday.

The holidays shortened the month's work. While the students need a rest, it does seem as though there were lost time. Several remained in town, and I am sure have been doing some work. One of the interesting visits of the month was to the Infirmary for Women and Children. Miss Parish, a graduate of last year, is superintendent. One of the striking features was the ability of Miss Parish to cope with difficult situations. The visit was most interesting. The "fellow-feeling" spirit on both sides was ever present.

Funds contributed for the course this month:

Miss Susan Bard Johnson .....	\$3.50
Misses Sarah and Margaret Graham .....	5.00
Miss Mary M. Riddle .....	10.00
Miss Mary Scarlett (through Miss Riddle) .....	5.00

Respectfully submitted,

ANNA L. ALLINE.

HOSPITAL ECONOMICS COURSE

PERHAPS the most enjoyable of our experiences this month has been the series of lectures on the "History of Nursing" given by Miss Nutting. We wish all nurses might have the benefit of this truly inspiring presentation of the subject. We were honored in the warm response of the superintendents to our invitation to meet Miss Nutting, and we were proud indeed of our company. No one would ever question the greatness of our profession after coming in touch with so many noble representatives. We wish to express our sincere appreciation of their efforts in establishing this course, which means so much to us.

Two visits are especially to be noted this month, one to the New York City Hospital to attend its graduating exercises, which were of great interest and also of delightful social character, the other was the visit to the New York Infirmary for Women and Children. In this we felt a peculiar interest, as the superintendent of the hospital, Miss Parish, was a member of last year's Course in Hospital Economics. We were pleasantly entertained by Miss Parish and Miss Daniels, superintendent of nurses.

SUSAN E. TRACY.

ANNOUNCEMENTS

MARYLAND.—The Maryland State Board of Examiners of Nurses is now ready to receive applications for State registration. Blanks may be obtained by applying to the secretary, Miss Mary C. Packard, Robert Garrett Hospital, Baltimore, Md.

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' State Association of Connecticut will be held on Wednesday, February 1, 1905, at Memorial Hall, 36 Jefferson Street, Hartford.

E. L. FOELKER, Corresponding Secretary.

STATE MEETINGS

MARYLAND.—The Maryland State Association of Graduate Nurses held its second annual meeting on December 30, 1904, the morning and afternoon sessions in the Physiological Building of the Johns Hopkins Medical School; the evening meeting at McCoy Hall. The meeting was called to order by the president, Miss Nutting, who made a brief address, commenting on the work which our society had accomplished during the year, pointing out its merits and defects, and calling attention to the duties, responsibilities, and opportunities of various kinds which lay before the society. Members were urged not to rest satisfied with having obtained good laws, but to see that they were properly interpreted and enforced. The society was encouraged to take its place as an active force in the community for the furthering, in so far as its possibi-

ties (which were large) would permit, of every good movement. Its duties clearly were to see first that every nurse was carefully educated, that every school in Maryland did its duty by its pupils; and its second to meet individually and collectively to the fullest degree all that should be expected of those so carefully trained and educated for the needs of the people. The reports of the Executive Committee, of the Maryland State Board of Examiners of Nurses, and of the various other committees followed. It was shown that two hundred and sixteen nurses are enrolled as members of the association, thirty-two being alumnae of schools outside the State. A few minor changes were made in the constitution and by-laws, and after a brief discussion it was voted to become affiliated with the Associated Alumnae of the United States, Miss Sarah F. Martin being elected as delegate to the next annual convention. The meeting adjourned to partake of luncheon, which was served to the members of the association and their invited guests in the Nurses' Home of the Johns Hopkins Hospital. This brought the nurses together in a more informal and social way than was possible at the meeting, and our thanks are due the trustees of the Johns Hopkins Hospital for their generous hospitality so graciously extended. At two-thirty the meeting was again called to order and a most interesting programme was presented. Miss Cabaniss, of the Virginia State society, discussed in detail the "Duties and Responsibilities of a State Society of Nurses." Miss Damer, of the New York State society, gave an admirable address on the "Progress and the Effects of Registration." This was not only most interesting, but very helpful to a young society such as the Maryland, just beginning this work. Miss Rutherford, of the Johns Hopkins Alumnae, read a most interesting paper on "Hourly Nursing and its Usefulness." The plan of work had been established in Baltimore about six years ago by the Johns Hopkins Alumnae, and had been steadily maintained from that time. The increasing demand demonstrated, she said, that it had filled a real and definite need in the community. Miss Sutcliffe gave an interesting paper on "New Methods of Preparation for Operations in Private Houses." Miss Lent and Miss Thelin told of very interesting work done by the visiting nurses among tubercular patients in the city. A meeting, to which the public was invited, was held in the evening at McCoy Hall of the Johns Hopkins University. Mr. Charles J. Bonaparte presided and Dr. Thomas S. Darlington, President of the Board of Health of New York City, gave the principal address on the "Medical Inspection of Schools and the Public School Nurse." This subject is of great interest in Baltimore at this time, as medical inspection is being urged for the public schools, and a petition bearing upon it from the Federation of Women's Clubs is now before the School Board. Dr. Darlington's address was most interesting. He covered the ground in a remarkably clear and comprehensive manner, paying a high tribute at the close to the nurses and their work, which he declared to be of inestimable value. A letter was read from Mr. James H. Van Sickle, Superintendent of the Public Schools of Baltimore, then attending the Southern Educational Association at Jacksonville, expressing his approval of the effort being put forth to secure medical inspection for the public schools and also for the school nurse. Addresses were also made by Dr. John S. Fulton, Secretary of the State Board of Health, and by Mr. Edward Hebden. The officers for the ensuing year are: President, Miss M. A. Nutting; vice-presidents, Miss V. C. Weitzel and Miss Anna Schleunes; sec-



retary, Miss S. F. Martin; treasurer, Miss G. C. Ross; members—Miss M. E. Dixon, Miss J. C. Breckenridge, Miss L. Oeligrath, Miss E. B. Gray.

S. F. MARTIN, Secretary,  
Robert Garrett Children's Hospital.

MASSACHUSETTS.—A meeting of the Massachusetts State Nurses' Association was held in Potter Hall, New Century Building, Boston, on January 12. Miss Mary M. Riddle, the president, presided. The meeting was opened by prayer. Rev. Mr. Thurston, of Chelsea, pronounced the invocation. After a brief address by Miss Riddle the report of the last meeting was read. The association felt greatly honored in having Miss Palmer with them, who came from Rochester for the occasion. She gave a long and exceedingly interesting talk on registration. She reviewed the work done in other States up to the present time, the difficulties encountered, and successes attained. She dwelt especially on the influence of the nurses in the country districts and urged stronger organization for the counties removed from the larger centres. She spoke of the inertia shown in many instances by nurses, which made the work more difficult for those giving of their time and energy for the advancement of registration. Her words brought renewed encouragement to those present. Reports from the county societies were heard with interest. Miss Riddle announced that the papers of incorporation were complete and signed and before the bill would be presented at the end of January, for the second time, the association would be an incorporated body. Very much interest and enthusiasm was shown by the nurses. The meeting was small, considering the large membership, which was owing to the severe storm prevailing. A reception and tea followed in an adjoining hall and gave opportunity for a social hour.

PENNSYLVANIA.—A special meeting of the Graduate Nurses' Association of the State of Pennsylvania was held in Pittsburg, Pa., December 17, 1904. The session was opened with prayer by Rev. Earnest M. Paddock, rector of the Emanuel Parish, Allegheny, Pa. The bill for registration was read by the committee and adopted by the association. It will be presented to the Legislature during the present session. After the bill is filed extra copies may be had on application to Miss Madeira, chairman of the Legislative Committee, 320 Walnut Street, Philadelphia, Pa., or from Mrs. Edwin Lewis, secretary, 523 Second Avenue, Braddock, Pa.

NORTH CAROLINA.—At the November meeting of the Board of Examiners of Trained Nurses, held in Greensboro, Miss Constance Pfohl was elected president, to succeed the late Mrs. Marion H. Laurance. Miss C. E. Hobbs, head nurse of the Normal Infirmary, was elected a member of the board and examiner in medical and obstetrical nursing. Only routine work was done at this meeting.

MARY L. WYCHE, Secretary and Treasurer.

#### A DISTRICT NURSING ASSOCIATION

ON the evening of December 8 an informal conference of the visiting nurses of New York and vicinity was held in New York, at the United Charities Building, Fourth Avenue and Twenty-second Street.

The idea of such a conference was suggested to several of the New York

nurses by the success of the Conference of Visiting Nurses held in Portland in June in connection with the National Conference of Charities and Correction.

The meeting was called by Miss Annie Damer, of the tuberculosis department of Bellevue Hospital, and through the courtesy of Mr. Devine, of the Charity Organization Society, was held in the rooms of that society.

The meeting was attended by forty-five women, representing the visiting nurses of the Charity Organization Society, the United Charities of Brooklyn, the Health Department, the City Mission, the Society for Ethical Culture, Bellevue Hospital, the Presbyterian Hospital, and the Nurses' Settlement.

Nurses were also present from Yonkers, Newark, and Orange, as well as several New York nurses not connected with any institution.

No programme had been arranged in advance, as the meeting was tentative in character, but a number of subjects were informally discussed, such as the desirability of a distinctive uniform for visiting nurses, methods of nursing in contagious disease, the care given to tubercular patients, and the hours of work.

The question was considered of a permanent organization holding regular meetings for mutual acquaintance and the discussion of matters of mutual interest.

No formal organization was effected, but it was decided that those present should be regarded as the nucleus of an informal organization which should hold four meetings during the year—in October, December, February, and April.

The decision as to a name was postponed until the next meeting.

Miss Damer, who had served as chairman of the meeting, consented to act as permanent chairman, and Miss Jones was appointed secretary and treasurer.

A Committee of Arrangements was appointed consisting of Miss Hitchcock, Miss Stewart, Miss Beuly, Miss Denniston, and Miss Wagner.

Through the invitation of Miss Maxwell the February meeting will be held in the Florence Nightingale Hall of the Presbyterian Hospital.

Notices will be sent to members announcing subjects for discussion, and it is hoped that all will come prepared to take part in the discussions. All who are interested and would like to share the benefits of these conferences will be gladly welcomed.

Notice of meetings and subjects for discussion will be sent to anyone sending name and address and twenty-five cents to defray the slight expenses of the meetings to Miss Annie Damer, 246 East Fiftieth Street, New York City.

HELEN L. HILLARD.

NURSES' SETTLEMENT, 265 Henry Street, New York.

#### REGULAR MEETINGS

DETROIT, MICH.—The twelfth annual meeting of the Farrand Training-School Alumnae Association of Harper Hospital, Detroit, Mich., was held in the Swain Home on Tuesday afternoon, January 3, 1905. The election of officers for the ensuing year resulted as follows: President, Miss Melissa Collins; first vice-president, Miss Minnie Renton; second vice-president, Mrs. Lorimer; treasurer, Miss Kate Conklin; secretary, Miss Lula Durkee; Executive Committee—Miss Ellen Courtney, Miss Scharley Wright, Miss Rose Smith. The Farrand Training-School Alumnae Association was formed January 4, 1893, with nine charter members. Within eighteen months from that time there was a membership of sixty-five with a sick benefit in connection. At present the roster shows a membership (active and associate) of over two hundred. An annual fee

of five dollars entitles any member to a sick benefit of seven dollars each week for six weeks in the calendar year, and all the privileges of membership except the use of the register. An additional annual fee of five dollars entitles the members to the use of the register. The literary programme for this coming year, from which much is expected that is good and useful, is being supplemented by many of the members by a course in parliamentary law under the direction of Mrs. Emma A. Fox, the well-known authority and instructor in this subject.

BUFFALO.—The annual meeting of the Erie County Hospital Alumnae was held at the home of one of the members, Mrs. L. H. Pfeffer, 70 Dodge Street, on January 4, at three p.m. There was an unusually large attendance, and quotations in response to roll-call were from Robert Louis Stevenson. Routine business was transacted and Dr. E. J. Gilray, medical superintendent of the Erie County Hospital, was made an honorary member by acclamation. Further action on the subject of incorporation was advised, and we hope to have the possibility of registering our nurses soon. The tellers reported the following ticket elected: President, Mrs. Gustin Welch; first vice-president, Mrs. M. M. Balk; second vice-president, Miss Alice Gillette; third vice-president, Miss Annie Foster; secretary and historian, Miss Emma J. Keating, 3399 Main Street, Buffalo; assistant secretary and historian, Mrs. L. H. Pfeffer; treasurer, Miss Flora Culver, 344 West Avenue; Executive Committee—Miss Marie Flickinger, Miss H. McKinnon, Miss Jennie Cox. After the announcement of the ticket, each of the elected officers made a few remarks, and it was announced that quotations at the next meeting would be from favorite authors. Mrs. Pfeffer then served dainty refreshments, and a very pleasant social time was enjoyed by the members over the teacups.

PHILADELPHIA, PA.—The monthly meeting of the Hahnemann Hospital Alumnae Association was held at New Century Guild, 1227 Arch Street, Philadelphia, on December 5, 1904, at three p.m., the president, Miss Whitaker, in the chair. Fourteen members were present. Five new members were elected. Chairmen of various committees were appointed by the president. Class secretaries were again appointed, their work to consist in locating and interesting those who are not yet members of the alumnae. Various subjects of interest were discussed freely. It was decided that we take a course in parliamentary law, such course to consist of five lectures, the same to be given by Mr. D. Howard Evans, attorney-at-law. The time and place have not yet been decided upon. The special meeting of the Graduate Nurses' Association of the State of Pennsylvania, held in Pittsburg on December 17, 1904, was announced. This subject and registration were freely discussed. The alumnae are very desirous of starting a "Club-House" or Nurses' Home. Much interest has been shown in reference to this, but nothing has yet been decided upon. A very interesting article was read from *THE AMERICAN JOURNAL OF NURSING* describing the Nurses' Club-House of New York, which was enjoyed by all.

NEW YORK.—The annual meeting of the Nurses' Alumnae Association of the New York Post-Graduate Hospital was held on January 3, at the Margaret Fahnestock Training-School. The annual reports showed a good degree of progress. Fifty new members have been added during the year. A fund for

sick nurses has been established, which, though small as yet, we expect will grow to goodly proportions. The registry has prospered even beyond our expectations under the able management of Miss Margaret Anderson, of the Class of 1890. The association has recently been incorporated. The following officers were elected for the ensuing year: President, Miss Charlotte Ehrlicher; first vice-president, Miss Elinor Brown; second vice-president, Miss Emma Wagner; third vice-president, Miss Flora Chapman; fourth vice-president, Miss Belle Mackae; treasurer, Miss J. E. Van Zandt; secretary, Miss Gertrude E. Selden. The average attendance at the monthly meetings during the year has been about thirty.

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NEW YORK.—The regular monthly meetings of the Mt. Sinai Alumnae Association have been held at the hospital on the first Thursday of each month and were well attended. At the November meeting, in addition to the usual routine business, an interesting paper on "State Registration" was read by Miss Rose Brannan. A birthday party, to celebrate the tenth anniversary of the organization of the association, was held at the residence of the president, Miss Hartman, on December 6, and greatly enjoyed. At the annual meeting in January the following officers were elected: President, Miss J. Greenthal, 82 East Eighty-first Street; vice-president, Miss J. H. Ryerson, 82 East Eighty-first Street; treasurer, Miss S. Shillady, 245 West Fourteenth Street; corresponding secretary, Miss B. Kruer, 635 Park Avenue; recording secretary, Miss R. Brannan, 74 East Ninety-second Street.

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PROVIDENCE.—The Rhode Island Hospital Alumnae and the Nurses' Club held their monthly meeting at the George Ide Chace Home for Nurses on December 13. Following the regular business, five interesting papers were read: "Anæsthetics," Mrs. Yuill; "Antisepsis and Asepsis," Miss Fitzpatrick; "Diseases Bacteria," Miss Watson; "Serum Therapy," Miss Gilmore; "X-Ray and Finsen Light," Miss Jane Grant. At the close of the meeting a collation was served. Under the auspices of the Rhode Island Hospital Alumnae Association a concert was held in Memorial Hall on November 26. The plans for the success of the concert were under the direction of Mrs. C. Harris. The proceeds after all expenses were paid amounted to five hundred and fifty-nine dollars and were given to the treasurer, Miss Fitzpatrick, to be added to the Nurses' Sick Benefit Fund.

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NEWARK, N. J.—The Nurses' Alumnae Association of the City Hospital of Newark, N. J., begins the new year with very bright prospects. During the year past the membership has been almost trebled and the financial condition is most satisfactory. Regular monthly meetings have been held, with usually good attendance. A large reception and musicale, held at the hospital Nurses' Home in June, added largely to the spirit of good feeling existing among the members, and proved a stimulus to good work. A whist and dance held in November was largely attended, and the fund for finishing and endowing a room for sick members was considerably increased. Under the existing happy conditions, the members of the Newark City Hospital Alumnae Association extend New Year's greetings to the JOURNAL and to each of its readers.

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PHILADELPHIA.—The annual meeting of the Alumnae of the Woman's Hospital was held at 1227 Arch Street on January 11. There was a small attendance.

Three new members were received and officers were appointed for 1905. President, Miss A. M. Peters; treasurer, Miss H. F. Greaney; first vice-president, Miss H. Whiteley; second vice-president, Miss M. Harris; corresponding secretary, Miss Swartz; recording secretary, Mrs. Close. On January 7, at 1702 Arch Street, the alumnae gave a reception to Dr. Anna M. Fullerton, former physician-in-charge of the Woman's Hospital, who has recently returned from India. There was present a large number of guests, consisting of Dr. Fullerton's former pupils and friends, who were delighted to have an opportunity of meeting her again after an absence of several years.

AUBURN, N. Y.—The graduate nurses of the City Hospital of Auburn, N. Y., recently formed an Alumnae Association. The regular meetings are held the second Tuesday of each month with annual meeting in September. The following officers were elected for the year: President, Miss Mary A. Grant; first vice-president, Miss Marie Van Liere; second vice-president, Mrs. Mary Sweeney; recording secretary, Miss Susan M. Carey; corresponding secretary, Miss Emma Freise; treasurer, Miss Helen O'Hern.

HARRISBURG, PA.—The Dauphin County Graduate Nurses' Association has been formed with a membership of twenty-five and the following officers: President, Miss Margaret Elden; vice-president, Miss Alice E. Drennan; secretary, Miss Stein; treasurer, Miss Eliza C. Small. The meetings will be held at three P.M. on the first Friday of each month at the Academy of Medicine in Harrisburg.

TORONTO, CANADA.—The graduates of Riverdale Hospital have formed an Alumnae Association. A constitution and by-laws have been adopted. The officers are: President, Miss Kate Mathuson; vice-president, Miss Alma Murray; secretary, Miss Kathleen Scott; treasurer, Miss Elizabeth Argue.

#### BIRTH

ON January 2, to Mrs. Dumont, *née* Annie Carle, Class of 1898, Orange Memorial, a son.

#### MARRIAGES

DECEMBER 30, 1904, at Germantown, Philadelphia, Miss Martha Ellen Brobson, graduate of the Training-School of the Hospital of the University of Pennsylvania, Class of 1901, to Mr. Frank E. Lutz. At home in Cold Spring Harbor, Long Island.

MISS ALICE HELENE JESSOP, a graduate of the Lowell General Hospital, Mass., Class of 1898, to Mr. Carl Frederick Schmitt, of Wilkes-Barre, Pa., at Calvary Episcopal Church, Brooklyn, N. Y., on Thursday evening, December 1, 1904.

IN Dunbar, Ontario, Miss Louise Henderson, graduate of the Hospital of the Good Shepherd of Syracuse, N. Y., to Mr. James Weldon Carlyle. Mr. and Mrs. Carlyle will make their home in Richmond, Quebec, Canada.

DECEMBER 8, 1904, at New Wilmington, Pa., Miss Carrie May McGill, graduate of the Training-School of the Hospital of the University of Pennsylvania, Class of 1903, to Mr. John Graham McCrossey.

At her home in Newark, N. J., on December 27, 1904, Miss Edna Laura Kent, graduate Rochester City Hospital, to Mr. Frank A. Coupal. Mr. and Mrs. Coupal will make their home in Buffalo, N. Y.

In Hamilton, Ontario, Miss Jennie Fitzgerald, graduate of the Hospital of the Good Shepherd of Syracuse, N. Y., to Dr. Frank Dewey. Dr. and Mrs. Dewey will reside in Peterboro, N. Y.

MISS ELIZABETH CAMERON, Class of 1894, Orange Memorial Hospital, was married at Lutesville, Mo., where she has resided for several years, to Mr. J. O. Wright.

At Grand Rapids, Mich., December 25, 1904, Mrs. Henrietta Arnold, late of the Army Nurse Corps, to Mr. Spencer.

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#### OBITUARY

At the November meeting of the Board of Examiners of Trained Nurses the following resolutions were adopted:

"WHEREAS, It has pleased our Heavenly Father to take from our midst Mrs. Marion H. Laurance, late president of the Board of Examiners of North Carolina. We, her associates, feel that in her death we have lost a sincere friend and wise leader, and the nursing profession an esteemed member.

"Resolved, 1st, That we do sympathize with her relatives and friends, and desire to express to them the esteem in which we held our co-worker.

"Resolved, 2d, That a copy of these resolutions be sent to her relatives, a copy be recorded in the minutes of this board, and also that a copy be sent to the nursing journals.

"CONSTANCE PFOHL,

"M. L. WYCHE, Secretary,

"Committee."

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"It is with deep regret that the Alumnae Association of the Hospital of the University of Pennsylvania learned of the death of Mrs. Katherine Bennett, Class of 1894, on December 26, 1904.

"WHEREAS, Our Heavenly Father has deemed it best to remove from us a beloved member and an active worker, who was devoted to her profession and loved by all who knew her for her sweet and noble character. Therefore be it

"Resolved, That we, the Alumnae Association of the Hospital of the University of Pennsylvania, extend to the family of Mrs. Bennett our heartfelt sympathy.

"Resolved, That a copy of these resolutions be sent to her family and THE AMERICAN JOURNAL OF NURSING, and that these resolutions be placed on the records of our association.

"FLORENCE PAIST,

"L. A. GIBERSON,

"ELIZABETH CULBERTSON,

"Committee."

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At her home in Dedham, Mass., January 19, Kathleen E. O'Reilly, Class of 1903, Massachusetts General Hospital.

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## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

EARLY in November Robert C. Ogden and Francis B. Reeves, representing the Johnstown Relief Commission of 1889, performed the final official act of the commission in paying over to the Conemaugh Valley Memorial Hospital the sum of three thousand and seventy-five dollars. This is the sixteenth and final payment to that hospital. The last action taken by the commission as a whole was to create annuities of seventy-five dollars, payable annually in November, to each child orphan of the flood until it should attain the age of sixteen years, to erect the hospital, and to pay to it annually the sums held for the benefit of orphans who should die before their sixteenth year. The sum just paid represents the shares of five deceased orphans. Of the whole number (about eighty) three were born to widows after the flood.—*Charities*.

THE Mountainside Hospital, Montclair, N. J. (thirteen miles from New York), has about completed its new building, which will be formally opened early in February. The new building will be used in connection with the present hospital, thus increasing the scope of the work. It is equipped with sixty beds, has surgical, medical, and maternity wards, also many private rooms of various sizes and prices. Its Training-School for Nurses is much enlarged, and the rooms devoted to the nurses more commodious than formerly. The school has a three-years' course, which includes a three-months' training in the "Lying-in Hospital," New York.

A GIFT to the Newton Hospital, Newton Lower Falls, Mass., of an addition to the Nurses' Home by Mr. and Mrs. Frank A. Day in memory of Mrs. Day's father, William P. Ellison, is worthy of note as setting no definite sum to be expended, merely donating the actual cost of the building and its furnishings when completed, so that so far as the building is concerned no added expense is laid upon the hospital.

THE sum of thirty thousand dollars has recently been given by Miss Helen Wells, of Saginaw, Mich., for the purpose of erecting a special tuberculosis building in connection with the well-equipped general hospital already in existence. Pending the erection of this building a part of the sum is available for the salary of a visiting nurse, and other provision for the care of poor consumptives in their homes.

A MOVEMENT is on foot in Massachusetts to ask Congress to establish a Federal hospital for lepers. It is reported that the three lepers that are State charges in Massachusetts are costing that State ten thousand dollars a year. Although the State Board of Charity has made every effort to place them satisfactorily, it has not been successful.

TWO hundred thousand dollars has already been given towards a fund for the erection of a new Toronto General Hospital, but the work will not be commenced until a much larger sum has been subscribed. An entertainment given by the "Elks" realized two thousand dollars, which was added to the fund.

A NEW Nurses' Home is being built in connection with the General Hospital, Woodstock, Canada. It will be formally opened in February, 1905.

A GOVERNMENT military hospital is to be erected in New York City at a cost of forty-five thousand dollars.

### TRAINING-SCHOOL NOTES

THE *Journal of the American Medical Association* comments on a proposition that has been made to add a fifth year for preliminary instruction in medical colleges that the student of medicine may be better prepared for medical work. The *Journal* takes the ground that while more extended and thorough preparation for the medical student is necessary, it should be given in a university or institution for general learning. We quote a few lines that apply with equal force to nursing education:

"Medicine is applied science, its study and practice consisting in the application to the investigation and treatment of disease of the principles, facts, and methods of certain fundamental sciences—among them physics, chemistry, and the several biologic branches. Preparation for medicine, as for any other profession, naturally divides itself into a general education, whose chief purpose is the training of the faculties and the mastering of the fundamental subjects, and technical instruction in the application of these fundamental sciences to the specific problems of medicine.

"General education is the province of the institution devoted to that purpose—the secondary schools and the college or university. The medical school should devote itself exclusively to the technical instruction, the applied science, and this it can only do to best advantage when its students have already mastered, in a broad and comprehensive manner, the principles and methods of the sciences to be applied. . . . Many medical students of the present time are unable to speak and write the English language as correctly as is befitting to the members of a learned profession; a majority have not had the training in mathematics which is essential to the thorough and intelligent comprehension of modern physics and chemistry. . . . The time has arrived when every medical college should demand at least one year of college work, in specified, essential branches, as a prerequisite for admission. It will, however, defeat the very purpose which is sought to be accomplished, if, encroaching on the domain of the institution for general learning, the medical college attempts to give instruction in subjects entirely without its province and which it is wholly unfitted to undertake."

THE Rhode Island Hospital at Providence has established a preliminary course. From the superintendent's annual report we quote the following:

"The Nurses' Home, which was built amply large when erected eleven years ago, has not been able for some time to accommodate the nurses on duty, and for some years there has been overcrowding and discomfort. During the past year a frame building to the west of the home has been purchased and connected with it by a covered passageway. This affords some relief; but with our new curriculum for nurses, which provides for a preliminary training, it is necessary to have more nurses on duty, and with this extra number the quarters are again crowded to their limits. It seems imperative that provision be made at once to care properly for these extra nurses, and unless an addition to the home is built it will be necessary either to hire a building in the neighborhood for the

overflow of nurses, or to use one of the wards for a dormitory. This latter alternative is not desirable, as the space is needed for the treatment of patients, and as the nurses who have been on duty in the sickroom all day should get away from the hospital atmosphere with all that that implies, and should have the comforts and conveniences of home-like surroundings instead of being domiciled in barrack-like quarters. The training of young women for nurses is coming down more each year to an educational basis, and as a result a better class of women is being constantly attracted to it; and in order to properly train these pupils we need not only more ample space for housing them, but also better facilities for teaching, such as class-rooms, laboratories, diet kitchens, etc. All of these departments could be placed in a new addition to our present Nurses' Home."

THE Training-School of the Buffalo General Hospital has established a preparatory course of six months, for which an entrance fee of twenty-five dollars is charged, beginning January 1, April 1, July 1, and October 1. The forenoons are devoted to practical work under the supervision of special instructors. For this instruction the class is divided into three sections. The First Division is instructed in the care of rooms, bath-rooms, furniture, linen, glass, china, etc., in the Nurses' Home. The Second Division is instructed in the preparation of diets for the sick in the diet kitchen of the hospital. The Third Division is instructed in the simpler ward duties, special emphasis being placed on the proper care of hospital utensils and supplies, in other words, *hospital house-keeping*. In the afternoon the three divisions combine to receive instruction in classes and lectures. The course includes anatomy and physiology, hygiene, chemistry, materia medica, bacteriology, dietetics, elementary nursing, and ethics.

#### SUBSEQUENT COURSES (SECOND HALF OF PROBATIONARY YEAR AND JUNIOR YEAR).

During this period the pupils receive a thorough course of instruction in the practical work of the various wards and operating-rooms of the hospital, including the men's and women's medical and surgical, the children's ward, and the contagious cottage.

*Senior Year.*—The practical work of this year includes obstetrics, care of private patients, further experience in the various operating-rooms, special nursing of private patients, and opportunity for gaining administrative experience in some of the large wards of the hospital.

THE McLean Hospital for the Insane at Waverly, Mass., has increased the period of training for women nurses from two to two and one-half years. The nurses are to be given more instruction and time for study. The first six months is to be practically a preliminary course, not more than two hours a day being spent in the wards. Instruction will be given in anatomy, physiology, hygiene, bacteriology, urinalysis, hydrotherapy, electrotherapy, massage, physical exercise, the dispensing of drugs, housekeeping, cookery, general nursing, and the nursing of cases of nervous and mental disease. Instruction will be given by means of text-books, lectures, and, where practicable, by demonstrations and actual work in the dispensary and the laboratories, as well as in the wards of the hospital. The change will necessitate the employment of more nurses and will be an additional expense to the hospital, notwithstanding a reduction of five dollars in the monthly pay.

THE graduating exercises of the Class of 1904 from the Laconia (N. H.) Hospital Training-School for Nurses took place in Smith Hall on Friday evening, De-

ember 30. After an invocation by the Rev. R. L. Swain, Mayor Woodbury L. Melcher, president of the Hospital Association, reviewed the work of the hospital from its establishment in 1898 to the present time. Dr. G. P. Conn, of Concord, gave an interesting address on hospital work in general, and was followed by Colonel S. S. Jewett, who expressed his appreciation of the work of the hospital. Dr. A. Haven Harriman addressed the graduates in well-chosen words, giving much valuable advice, and in conclusion presented diplomas to Ethel Olive Broadie, Fredericksburg, Ia.; Margaret M. Sullivan, South Berwick, Me., and Grace Marie Renwick, Eliot, Me. Vocal selections were rendered during the evening by the Oberon Ladies' Quartette. An informal reception, when light refreshments were served by the undergraduates, brought to a close the first public exercises of the kind in the history of the hospital.

THE seventh annual commencement exercises of the Colorado Training-School for Nurses in connection with the City and County Hospitals of Denver, Colo., were held at this hospital January 12, 1905. The opening address was made by Dr. C. S. Elder. Diplomas were presented by Mayor Speer to the following young ladies: Ida Mercer, Chariton, Ia.; Elizabeth Belcher, Randolph, Utah; Vida Matthews, Roseburg, Ore.; Cynthia Dozier, Denver, Colo.; Edna McHenry, Denver, Colo.; Minnie McCrosson, Victoria, Ill.; Kathryn Wilkin, Hutchinson, Kan.; Marie Farner, Zurich, Switzerland; Virginia Bainard, Mt. Carroll, Ill.; Jessie Leckliter, Quincy, Ia.; Flora Shields Plumley, Boston, Mass.; Edith Orman, Denver, Colo.; Clara Stueven, Chicago, Ill.; Margaret Wheatley, Aspen, Colo.; Carrie Richardson, Georgetown, Colo.; Belle Crockfort, Oconto, Wis.; Margaret Fitzgerald, Boston, Mass.; Cornelia Trafford, Richlevel, Mich.; Christine Hammond, Springfield, Ill.

### PERSONAL

MISS AUGUSTA C. ROBERTSON, graduate of the Boston and Massachusetts Hospital Training-School and for several years superintendent of the Training-School for Nurses at Tewksbury, Mass., has resigned to accept the position of superintendent of the Elliot Hospital, Manchester, N. H. Miss Rachael Bourke, formerly of Cooper Hospital, Camden, N. J., will succeed her at Tewksbury.

MRS. HUNTER ROBB, who has been spending a few days visiting at the Johns Hopkins Training-School, gave a delightful informal talk to the graduating class on "Nursing in the Early Days at Bellevue Hospital." A very large number of head nurses and pupils from other classes were present.

MISS ELIZABETH CAMPBELL GORDON succeeds Miss Flaws as superintendent of the Kingston Hospital, Canada. Miss Gordon is a Toronto General graduate, and for five years had charge of the Emergency Branch of the Toronto General Hospital.

MISS KATE GURNEY, graduate of the Orange Training-School, is successfully engaged in chicken farming in California, and Mrs. Sarah A. Vernal-Simonson, of the same school, has taken a fruit farm in the same State.

MISS ROBINA STEWART, recently head nurse of the private wards, Johns Hopkins Hospital, has gone to the Knowlton Hospital, Milwaukee, to take charge of the Training-School.

MISS ANTOINE KNAPP, Class of 1896 of the Orange Memorial Training-School, has returned to her home in Germany owing to the illness and subsequent death of a sister.

MISS CLARA GREEN, who graduated from Toronto General Hospital in 1891, has accepted the position of superintendent of the General Hospital, Belleville, Ont.

MISS EVELYN DICKENS (Toronto General, 1903) has resigned her position as night supervisor to take a position in the office of Dr. Herbert Bruce.

MISS MARY E. STUART, graduate of the Orange Memorial Hospital, has regained her health after a serious surgical operation.

MISS CHRISTINA HALL (Toronto General), superintendent of the Jamestown Hospital, N. Y., is spending three months in Europe.

MISS MARY GRAHAM, Orange Memorial Training-School, has recovered from a tedious illness and is again to take up work.

MISS ISABEL TURNER, superintendent of nurses, City Hospital, Vancouver, B. C., has resigned her position.

MISS JEANNETTE NEILSON entered upon her duties as night supervisor in the Toronto General on January 1.

MISS H. ALICE TURBINE has resigned the position of matron of the Beverly Hospital, Mass.

ALICE M. STEEVES, D.D.S., has moved her office to 355 Boylston Street, Boston, Mass.

MISS HARRIET STAPLES, of the Orange Training-School, is again doing settlement work.

MISS JULIA STEWART (Toronto General) will spend the winter in the south of France.



THE DANGER OF INFECTION TO THE ATTENDANTS OF TUBERCULOUS PATIENTS. —The *Medical Record* gives the following synopsis of a very reassuring article in the *Boston Medical and Surgical Journal*: "Louis Faugeres Bishop declares that the idea that tuberculosis is of necessity contagious is not strictly true. We all take in germs of tuberculosis from time to time. There will be fewer tubercle bacilli found in the tuberculous ward of a hospital than in the air of a dusty street, for in a crowded street all conditions are favorable. We do not get tuberculosis because we enjoy a natural immunity against it. The tubercle bacilli may be introduced into the human body, but there will, ordinarily, be no ill effect. The one exception is in the case of a very severe infection if the person is inoculated with the germs of tuberculosis repeatedly, and the natural immunity temporarily broken down; but even then if the individual is not susceptible he will throw it off. Many people are afflicted with this disease for a little while, but the condition is not recognized, and the lesions heal and the patient recovers. The writer hardly considers it fair to put tuberculosis in the same category with other contagious diseases, because it is only contagious in the sense that it may be transmitted from one to another, but is not contagious in the sense that the average person is liable to catch it. As far as danger in taking care of tuberculous patients is concerned, it is practically nil.

## CHANGES IN THE ARMY NURSE CORPS



### CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 12, 1905.

ASTBURY, AGNES, graduate of the William McKinley Memorial Training-School, Trenton, N. J., Class of 1904, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Beidler, Cora A., transferred from the General Hospital, San Francisco, to the transport Thomas, December 31, en route to Manila for duty in the Philippines Division.

Brinley, Ellen M., graduate of the Columbia and Children's Hospital, Washington, D. C., Class of 1904, appointed and assigned to duty at the General Hospital, San Francisco.

Campin, Mary Louise, transferred from the General Hospital, San Francisco, to the transport Thomas, December 31, en route to Manila for duty in the Philippines Division.

Eastham, Marian, recently on duty at the General Hospital, Fort Bayard, N. M., discharged.

Humphrey, Mary, under orders to sail to Manila on transport leaving San Francisco on January 16.

Kennedy, Emily, graduate of the Hospital of the Good Shepherd, Syracuse, N. Y., Class of 1902, appointed and assigned to duty at the General Hospital, San Francisco.

Marker, Ida Maude, transferred from the Base Hospital, Iloilo, to the First Reserve Hospital, Manila, P. I.

Myer, Sara Burtiss, graduate of the Methodist Episcopal Hospital, Brooklyn, N. Y., Class of 1901, appointed and assigned to duty at the General Hospital, San Francisco.

Purcell, Bertha, under orders to sail to Manila on the transport leaving San Francisco on January 16.

Reynolds, Katharine R., recently on duty at the Base Hospital, Iloilo, P. I., discharged in Manila.

Shea, Annie M., transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Thomas, Elizabeth, transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, N. M.

Williamson, Anne, transferred from the General Hospital, San Francisco, to the transport Thomas, December 31, en route to Manila for duty in the Philippines Division.

Wills, Edith M., late chief nurse at the First Reserve Hospital, Manila, P. I., discharged in Manila.



